



APPLICATION FOR SOCIAL WORK CONTINUING EDUCATION CREDIT

Application Date _____

Title of Event _____

Applicant Group/Organization _____

Day/Date of Event _____

Inclusive Time of Event _____

Online Event

In-Person Event

Location of Event _____

Contact Person _____

Telephone _____

Fax _____

Email _____

EVENT INFORMATION CHECK LIST:

All of these elements are required. Please do not submit incomplete applications.

Goals & Objectives

Copy of Evaluation Form

Description of course and time allotments

Monitoring Plan

Information for each presenter

Accessibility Information

Bibliography

Method of Payment for CE certificate programs only (\$25 per certificate and/or \$25 per duplicate)

Online Credit Card Payment secure link | <https://commerce.cashnet.com/SOCIAL5>

ID Charge (Washington University departments only) Fund # _____

For Brown School Professional Development Program Use Only

___ Approved

Event qualifies for the following licensure requirement:

___ Not Approved

___ *Ethics*

___ *Suicide Prevention*

___ **Total Professional Education Units**

___ *Cultural Competency*

___ *Clinical Supervision*

Signature _____

Date of Approval _____