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**STATE BOARD OF SOCIAL WORKERS, MARRIAGE AND FAMILY THERAPISTS AND PROFESSIONAL COUNSELORS**

**Mailing Address:**

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Harrisburg, PA 17105-2649  
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PA Dept of State, Bureau of Professional and Occupational Affairs  
Attn: State Board of Social Workers, Marriage & Family Therapists,  
and Professional Counselors  
2 Technology Park  
Harrisburg, PA 17110-2919

**APPLICATION FORM FOR APPROVAL AS A PRE-APPROVED PROVIDER UNDER SECTIONS 47.36(b), 48.36(b) and 49.36(b)**

**\*\*PLEASE NOTE, ALL PENNSYLVANIA PRE-APPROVED PROVIDER APPROVALS EXPIRE FEBRUARY 28 OF EACH ODD NUMBERED YEAR.\*\***

**IT IS YOUR RESPONSIBILITY TO MAINTAIN A COPY OF THIS APPLICATION AND ALL DOCUMENTS SUBMITTED TO THE BOARD, OR RECEIVED FROM THE BOARD FOR YOUR FUTURE REFERENCE.**

**Application Fee** - \$65.00 and is non-refundable. Check/money order should be made payable to "Commonwealth of PA". A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for nonpayment.

**Section 1: Application Form**

1. Name of organization: \_\_\_\_\_
2. Name and title of person responsible for continuing education. Attach his/her curriculum vitae. \_\_\_\_\_
3. Address of organization: \_\_\_\_\_  
\_\_\_\_\_
4. Name of person completing application: \_\_\_\_\_  
Telephone number: \_\_\_\_\_  
Fax number: \_\_\_\_\_  
E-mail address: \_\_\_\_\_

**Section 2: Major goals and functions of your organization**

Attach a copy of the major goals/functions of your organization, including the continuing education component.

**Section 3: History of continuing education**

Please provide copies of all workshops. Copies should include schedules and content of all workshops held within the last biennial renewal period (March 1, 2019-February 28, 2021.) (Do not include PowerPoint presentations, handouts, etc..)

**Section 4: Target audience(s)**

Indicate all groups you target as potential participants in the activities you intend to offer or to sponsor for credit.

<input type="checkbox"/>	Professional Counselors	<input type="checkbox"/>	Psychologists	<input type="checkbox"/>	Graduate students
<input type="checkbox"/>	Social Workers	<input type="checkbox"/>	Psychiatrists	<input type="checkbox"/>	Nurses
<input type="checkbox"/>	Marriage & Family Therapists	<input type="checkbox"/>	Physicians	<input type="checkbox"/>	Special Educators
<input type="checkbox"/>	Other (Specify) _____				

**Section 5: Program administrator**

Attach a curriculum vitae of the program administrator.

**Section 6:**

Describe how your continuing education program is administratively organized including names, titles, and a brief description of the functions of staff. Include a description of how responsibilities are delegated, if they are, to approved sponsors. When differences exist between practices of your organization and approved sponsors, be certain that the differences are explained in answers to the items below.

**Section 7:**

Describe how your organization maintains continuing awareness of the needs for continuing education for social workers, marriage and family therapists and professional counselors. Describe the role of social workers, marriage and family therapists and/or professional counselors in the development for your continuing education program offerings.

**Section 8:**

Describe the type of facilities typically used by your organization or those you sponsor for offering continuing education programs (e.g., hotels, conference centers, etc) with special attention to ventilation, accessibility and confidentiality when clinical materials are presented.

**Section 9:**

Describe your policy for accommodating the needs of participants with a disability.

**Section 10:**

Describe your policy for evaluating participant satisfaction with each continuing education program, including program content, instructor performance and effectiveness, administration, and facilities. Attach sample instruments/forms used.

**Section 11:**

- A) Describe how you evaluate the perceived (self-report) and/or actually achieved (objective) learning that took place during a continuing education activity.
- B) Summarize the results of the evaluations of participant satisfaction and learning and describe how these are used for quality improvement. (Please provide documentation between this biennial renewal period March 1, 2019 - February 28, 2021.)

**Section 12:**

List the criteria used in selecting instructors for continuing education offerings.

**Section 13:**

Describe the process by which learning objectives are developed for each type of continuing education offered for social workers, marriage and family therapists and professional counselors by your organization.

**Section 14:**

Describe how and when potential participants obtain the following information:

- A) Educational objectives of the offering;
- B) For whom the activity is designed;
- C) Schedule and format of the activity;
- D) Fee(s) (Including items covered and refund policy. If there is no fee that should be stated);
- E) Number of CE credits for social workers, marriage and family therapists and professional counselors will be offered;
- F) Brief biographical information about instructor(s); and
- G) Length of time that records of attendance and completion of the activity will be maintained.

- H) Each Program announcement should include (Name of Sponsor/Provider) is approved by the Pennsylvania State Board of Social Workers, Marriage and Family Therapists and Professional Counselors to offer continuing education for social workers, marriage and family therapists and professional counselors. (Name of Sponsor/Provider) maintains responsibility for the program(s).

Attach a sample of promotional materials developed to promote Continuing Education activities.

**Section 15:**

List the type(s) of credit your organization offers for successful completion of your program(s). Describe what safeguards exist to ensure that no participant receives more than one type of credit for his/her participation in a single activity. Describe what constitutes completion of an activity for the purpose of awarding credit.

**Section 16:**

Attach a sample certificate or other documentation of attendance given to participants as verification of their satisfactory completion of an activity.

*Each certificate or letter of completion must include the following: (Name of Sponsor/Provider) is approved by the Pennsylvania State Board of Social Workers, Marriage and Family Therapists and Professional Counselors to offer continuing education for social workers, marriage and family therapists and professional counselors. (Name of Sponsor/Provider) maintains responsibility for the program(s).*

Describe how completion of work, which meets the basic criteria for approval (i.e., was designed for social workers, marriage and family therapists and professional counselors, had appropriate promotional material, including specific learning objectives, and had a procedure for determining consumers' perceptions of the extent to which the objectives have been met) is identified in contrast with continuing education that does not.

**Section 17:**

Describe how your organization maintains the confidentiality of instructional material and participant disclosure.

**Section 18:**

Describe the policies and procedures your organization has developed to guard against discrimination during the process of selecting participants and faculty for your continuing education programs and during the instructional period.

**Section 19:**

Describe your procedures for dealing with participant complaints.

**Section 20:**

**AGREEMENT**

I understand that information in this application will be used by members of the Pennsylvania State Board of Social Workers, Marriage and Family Therapists and Professional Counselors, their consultants and staff. I also certify that the information provided herein is accurate, and, if approved, agree to abide by the criteria and procedures set by the Pennsylvania State Board of Social Workers, Marriage and Family Therapists and Professional Counselors for continuing education for social workers, marriage and family therapist and professional counselors.

\_\_\_\_\_  
Signature of Continuing Education Program Administrator

\_\_\_\_\_  
Date

**VERIFICATION**

I verify that this form is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information pursuant to 18 Pa.C.S. §4911. I verify that the statements in this application are true and correct to the best of my knowledge, information, and belief. I understand that false statements are made subject to the penalties of 18 Pa.C.S. §4904 relating to unsworn falsification to authorities and may result in the suspension or revocation of my approval.

\_\_\_\_\_  
Signature of Continuing Education Program Administrator

\_\_\_\_\_  
Date