

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

P.O. Box 2649
Harrisburg, PA 17105-2649

Telephone: (717) 783-1389
Fax: (717) 787-7769
Website: www.dos.pa.gov/social
E-Mail: st-socialwork@pa.gov

Courier Address:
2601 North Third Street
Harrisburg, PA 17110

**APPLICATION FOR PROVIDER OF CONTINUING EDUCATION APPROVAL FOR COURSES
AND PROGRAMS**

Standards for courses and programs

1. Continuing education programs must be directed toward the enhancement of bachelor social workers', social workers', clinical social workers', marriage & family therapists' and professional counselors' knowledge and practice skills related to helping people achieve adequate and productive personal, interpersonal, and social adjustments in their individual lives, families, and community. The Board will not approve continuing education programs in office management or in marketing the practice.
2. There must be an established mechanism measuring the quality of the course or program.
3. There must be established criteria for selecting and evaluating faculty or source material.
4. One (1) credit hour equals 50-60 minutes of actual instruction, exclusive of coffee breaks, lunch, etc. The minimum duration must be 1 hour. Continuing Education Courses must be taken within the two-year renewal period for which they are approved (i.e. March 1, 2011—February 28, 2013).
5. All Provider approvals expire February 28th of each odd numbered year. A separate application is required for each two-year renewal period.

Instructions:

1. The application must be submitted by the provider to the above address at least **90 days** [per Pa. Code § 47.34(b), § 48.34(a) and § 49.34(a)] before the date the course or program commences. **Please allow at least 30 days processing for Board review after a completed application has been received. Please note: During periods of high volume average processing times may be extended.**
2. The application must be **typed or printed legibly only**. All questions must be answered completely or the application may be denied; **"see attached" is not acceptable**. The designated field of licensure should be listed after the instructor's name.
3. **The following documents must accompany each application submitted:**
 - a. Course outline indicating starting time, breaks, lunch, and ending times; course objectives; a brief description; and a sample course evaluation form.
 - b. List of Instructors' names, titles, affiliations, degrees and curriculum vitae/resume.
 - c. Sample of the Certificate of Attendance that is to be issued to each person in attendance. The sample certificate must contain the name of the sponsor, title of the course, and spaces marked for each of the following: name of licensee, date of course, number of clock hours, PA SW Board approval number, and signature of the person authenticating attendance. **Home study courses must be marked home study. If course applies to ethics, certificate must list the number of clock hours.**
 - d. \$65.00 check or money order payable to "Commonwealth of PA". Fees are not refundable and will not be waived. Failure to submit the fee will delay the application(s). A processing fee of \$20.00 will be charged for a returned check or money order, regardless of the reason for non-payment.

IMPORTANT INFORMATION:

PLEASE NOTE: The continuing education regulations for bachelor social workers, social workers and clinical social workers were amended and became effective August 29, 2020. To determine if you are already a pre-approved provider refer to Section 47.36(a), 48.36(a) or 49.36(a) of the regulations. The rules and regulations may be located on the Board's website at www.dos.state.pa.us/social.

If a course is going to be provided for other dates and locations than what has been requested on the application, you are required to submit a letter to the Board requesting approval. Failure to obtain approval for additional dates and locations could result in revocation of approval by the Board for further program offerings of that program.

It is mandatory that you issue all participants who hold a Pennsylvania license an attendance certificate. The certificate must contain the name of the provider, the name of the licensee, title of the course, date of the course, number of credit hours, live or home study/on-line, Board approval number and signature of the person verifying attendance.

The Board has determined that a webinar is considered a live course if the licensee can interact with the instructor in real time and the instructor responds in real time.

If an instructor or an individual licensee is applying for individual continuing education approval, please refer to the Application for Individual Continuing Education Approval.

STATE BOARD OF SOCIAL WORKERS, MARRIAGE & FAMILY THERAPISTS AND PROFESSIONAL COUNSELOR

Mailing Address:
P.O. Box 2649
Harrisburg, PA 17105-2649
Telephone: (717) 783-1389
E-Mail: st-socialwork@state.pa.us

Courier Address:
2601 North Third Street
Harrisburg, PA 17110
Fax: (717) 787-7769

OFFICIAL USE ONLY

Reference Number: _____
Approval Number: SWCE
Receipt Number: _____

APPLICATION FOR PROVIDER OF CONTINUING EDUCATION APPROVAL FOR COURSES AND PROGRAMS

- a. Submit a \$65.00 check or money order made payable to "Commonwealth of PA." **Application fees are not refundable.** If your application is not complete within one year from the date of submission, you will be required to submit another application fee. 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 non-payment. **(Payment of an application processing fee does not guarantee approval).**

The Provider must submit this application at least 90 days prior to the date of the program. The application must be **typed or printed legibly only.** All questions must be answered completely or the application may be denied; **"see attached" is not acceptable.**

Please allow at least 30 days processing for Board review after a completed application has been received. Please note: During periods of high volume average processing times may be extended.

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

1. Name of person completing this application: _____

E-mail address: _____

Telephone number: (_____) _____

2. Name of provider: _____

Address of provider: _____

3. Name of instructor: _____ Title _____

Degree _____ License # (if any) _____

4. Title of course/program _____

5. Location of course/program: _____

Live Home study/on-line Webinar Describe _____

6. Date of course/program: _____ Number of hours requested: _____

Months/Day/Year

7. Is this part of Hospital Grand Rounds? Yes No

If yes, please note that an individual must complete at least 2 clock hours in total.

Please answer additional questions on pages 2 and 3.

8. Target audience(s) – Indicate groups you target as potential participants in the activities you indeed to offer or to sponsor for credit.

- | | | | |
|-----------------------------------------|----------------------------------------|--------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Social Workers | <input type="checkbox"/> Psychologists | <input type="checkbox"/> Special Educators | <input type="checkbox"/> Marriage & Family Therapists |
| <input type="checkbox"/> Psychiatrists | <input type="checkbox"/> Educators | <input type="checkbox"/> Professional Counselors | <input type="checkbox"/> Graduate Students |
| <input type="checkbox"/> Physicians | <input type="checkbox"/> Nurses | <input type="checkbox"/> Other _____ | |

9. Describe how the subject matter pertains to the enhancement of the social worker’s, clinical social worker’s, marriage and family therapist’s and professional counselor’s knowledge and practice skills related to helping people achieve adequate and productive personal, interpersonal and social adjustments in their individual lives, in their families and in their community. (Sections 47.35(a)(1), 48.35(a)(1) and 49.35(a)(1) of the regulations).

10. Describe the established mechanism measuring the quality of the course or program being offered. (Sections 47.35(a)(2), 48.35(a)(2) and 49.35(a)(2) of the regulations).

11. Describe the established criteria for selecting and evaluating faculty or source material. (Sections 47.35(a)(3), 48.35(a)(3) and 49.35(a)(3) of the regulations).

12. Describe the established criteria for the evaluation of each course or program upon completion. (Sections 47.35(a)(4), 48.35(a)(4), 49.35(a)(4) of the regulations).

Verification

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. 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 certify that the information provided herein is accurate, and if approved, agree to abide by the criteria and procedures set by the PA State Board of Social Workers, Marriage and Family Therapists and Professional Counselors and upon request will submit evaluation forms.

Signature of provider: _____ Date: _____