

2011GSCSW CONTINUING EDUCATION APPLICATION PACKET

Please discard all past versions of the GSCSW Continuing Education Application previously used – including retroactive.

The attached APPLICATION must be **unaltered and complete** when seeking GSCSW approval for continuing education programs.

The packet includes:

- Cover Letter
- Policies & Procedures (3 pages)
- Continuing Education Application (4 pages)
- Presenter Profile (optional form)
- Mailing List Agreement (optional form)

Questions/suggestions related to the application should be directed to:

Email: admin@gscsw.org

Telephone: 404-237-9225

Address: P.O. Box 13838, Atlanta, GA 30324

THANK YOU FOR YOUR COOPERATION

Revised: December 2010



Dear Provider of Continuing Education:

The Georgia Society of Clinical Social Workers (GSCSW) has implemented a new procedure to approve programs for social work core/ethics continuing education hours in Georgia. GSCSW is recognized by the Georgia Composite Board and is valuable in attracting licensed social workers to your continuing education programs.

The Policy and Procedures for applicants and Continuing Education Application are enclosed. These are for your use in requesting GSCSW review your continuing education program(s). Our four-page application is also enclosed. Please feel free to make copies of this application form for future use and discard all previous ones.

GSCSW rents its mailing list on pre-printed labels for \$45.00 per use for non-members and \$25.00 for current members. A copy of the mailing list agreement is also enclosed.

We look forward to helping you provide continuing education programs that best meet the needs of discerning social workers seeking the most for their dollar. If you have any questions, please feel free to call GSCSW at (404) 237-9225.

You may issue certificates of attendance for this approved program directly to participants upon their completion of the course. Each one must clearly state:

Name/title, date (m/d/y) and location (city/state) of the program
"Approved by GSCSW"
Name of participant
Number and type (ethics or core) of approved hours attended by the participant
Name of person or organization sponsoring the program

Sincerely,

Alyce E Wellons
President

Stephanie Barnhart, LCSW
Chair, Continuing Education Committee

GEORGIA SOCIETY FOR CLINICAL SOCIAL WORK CONTINUING EDUCATION APPLICATION Policies and Procedures for Applicants

GSCSW is pleased to join with you in the approval process designed to support quality continuing education learning experiences for social workers in Georgia. Observing the items listed below will aid you in obtaining prompt approval of your continuing education program.

General:

GSCSW approves programs, which offer continuing education relevant to social workers, taught by qualified personnel. GSCSW approves retrospective requests for current GSCSW members only. The member must have been an active member at the time of the training and at the time of the request. **GSCSW will not approve any retroactive request for continuing education that took place more than three months prior to request for approval.**

GSCSW does not approve continuing education programs in excess of 20 hours.

Program submission guidelines/information:

1. Programs may be approved for **CORE** or **ETHICS** clock hours.

CORE hours are issued for educational programs that have the intention of expanding/improving knowledge and/or skills in the practice of social work.

ETHICS hours are granted to programs that contain substantial and focused content on ethical issues commonly faced in professional practice. The ethics content must be apparent throughout the program.

As information, there is not a requirement of the social work standards committee of the Composite Board for approval of related hours. The Composite Board Rules state that **RELATED** hours may be "acquired in activities in a specialty other than the one in which the license is held [professional counseling/marriage and family therapy] or in the allied professions of Psychiatry, Psychiatric Nursing, Psychology or Pastoral Counseling." Presenters of continuing education may choose to count up to 5 hours of RELATED hours for preparation/presenting an offering for the first time. Each presenter is responsible for keeping their own records regarding related hours. They may not be granted core or ethics hours for their presentations per the Composite Board rules.

2. If the activity for which approval is requested is for agency employees (i.e., professional staff development), the program must offer an appropriate professional educational experience rather than focusing on agency procedures.
3. Supervisory sessions or activities, even if purchased outside the place of employment, are not approved for continuing education credits. Supervision is a requirement for licensure under the rules of the Georgia Composite Board.
4. Instruction about effective supervision is an appropriate continuing education activity. However, it will not be approved as part of an internal staff development activity.
5. If a presenter does not appear to have the appropriate graduate education, credentials, and experience relevant to the content area, the GSCSW Continuing Education Committee may require further documentation.
6. All approved programs must provide a means for attendees to evaluate the degree to which the stated educational objectives were met. Evaluation forms submitted by program attendees will

be made available to GSCSW upon request.

7. Submit only complete applications with required attachments and fees (see checklist on page 4 of Continuing Education Application).

Certificates of attendance:

Once you have GSCSW approval, you may issue certificates of attendance for the approved program directly to participants upon their completion of the course. Certificates must clearly state:

1. Name/title, date (m/d/y) and location (city/state) of the program
2. "Approved by GSCSW"
3. Name of participant
4. Number and type (ethics or core) of approved hours attended by the participant (leaving early results in reduced hours)
5. Name of person or organization sponsoring the program

Fees:

1. Application processing fees are non-refundable.
2. Applications should be submitted (postmarked) at least 30 days prior to the continuing education program to be offered. Otherwise, late fees shall apply.
3. The GSCSW fee structure is:

| Category | GSCSW MEMBER | Non-Member Non Profit | Non-Member For Profit |
|---|---------------------|------------------------------|------------------------------|
| NEW APPLICATION – Base Fee (Presenter has to be a GSCSW Member to qualify for member rate) | \$25.00 | \$50.00 | \$100.00 |
| RE-APPROVAL (within same calendar year) | \$15.00 | \$30.00 | \$30.00 |
| Retroactive Request | \$25.00 | N/A | N/A |
| Add-ons to above (if applicable) | | | |
| MULTIPLE DATES - SAME TOPIC/SPEAKER WITHIN SAME CALENDAR YEAR This fee applies to non-consecutive dates programs, not a continuous program held on consecutive dates. | \$ FREE | \$10.00 ea. | \$20.00 ea. |
| Late fees (if applicable) | | | |
| LATE FEE for submissions postmarked less than 30 but more than 15 days before the (first) program date. | \$25.00 | \$25.00 | \$50.00 |
| LATE FEE for submissions postmarked less than 15 but more than 7 working days before the (first) program date. | \$50.00 | \$50.00 | \$50.00 |

Applicant/provider responsibility

1. For programs approved by GSCSW, documentation of those in attendance **MUST** be submitted to the GSCSW office within 30 days of the program date.
2. Program facilities must be handicapped-accessible and ethical standards **MUST** be maintained.
3. All program records **MUST** be maintained by the provider for three years.
4. If payment does not accompany the application, a written statement verifying the payment will be submitted is **REQUIRED**. Approvals will not be issued until fees have been submitted.

Specific Section Clarification:

Section 3: requires you to list dates the program will be held. GSCSW approvals will be only for dates specified on the original application or a subsequent re-application. If you are applying for multiple dates of the program, please note the multiple date charge (\$10 per additional date) in Section 22.

Section 4: asks for location information. Please identify the name of the facility, the city and state where the CE event(s) will be held.

Section 9: requests the name and phone number for a contact person. Please identify the individual best able to assist GSCSW staff and the Continuing Education Committee should additional information be required to process your application.

In Sections 16 to 17: be certain your objectives and the content fit the clock hours of your activity. Identifying the time periods with the specific objectives and content is very helpful to the reviewers. If breaks are not specified in the application, a fifteen-minute break will be assumed within any 3-hour instructional period. Breaks are **NOT** counted as instructional time.

Section 18: This area is specific to **GSCSW Members** requesting retroactive CEU approval workshops / conferences attended.

Section 19:

Section 21: Ethics Certification **MUST** be completed and signed **for all applications**. Any marking other than the required signature will delay the program's approval process

Section 22: Procedural Certifications **MUST** be initialed by the individual maintaining records for the program **for all applications**. Any marking other than the required initials will delay the program's approval process.

Section 23: provides a fee payment checklist to make sure the appropriate fee has been submitted with the application. Incomplete applications may be subject to an additional \$10 fee.

Section 24: provides an application and attachment checklist to make sure all required materials are submitted in the correct order.

Please contact GSCSW should you have any questions – 404-237-9225.

(Do Not Alter This Form)

GEORGIA SOCIETY FOR CLINICAL CONTINUING EDUCATION APPLICATION

PLEASE TYPE OR PRINT LEGIBLY

FOR OFFICE USE ONLY

Rec'd: _____
Paid: _____ # _____
Reviewer: _____
Approved: _____
Hours/Type

| | |
|---|--|
| 1. Type | <input type="checkbox"/> New application <input type="checkbox"/> Request for re-approval <input type="checkbox"/> Retroactive (GSCSW member) |
| 2. Program Title | |
| 2a. Speaker Name and Credentials | |
| 3. Workshop Dates | |
| 4. Location | |
| 5. Accessibility | Is the facility accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Sponsoring Organization | |
| 7. Street/POB | |
| 8. City/State/Zip | |
| 9. Contact Person | |
| 9a. Email Address | |
| 10. Telephone | |
| 11. Type of Organization | <input type="checkbox"/> Professional Association <input type="checkbox"/> Mental Health Association <input type="checkbox"/> CSB <input type="checkbox"/> AHEC <input type="checkbox"/> CHEP <input type="checkbox"/> University/College <input type="checkbox"/> Mental Health Center/Clinic (Public) <input type="checkbox"/> Hospital <input type="checkbox"/> Mental Health Center/Clinic (Private) <input type="checkbox"/> Government Agency <input type="checkbox"/> Other (specify) |
| 12. Organizational Status | <input type="checkbox"/> For Profit <input type="checkbox"/> Non-Profit 501(c)3 or 501(c) 6 # _____ <input type="checkbox"/> Individual member of GSCSW |
| 13. Cost to Participants? | \$ |
| 14. Target Audience | <input type="checkbox"/> LMSW <input type="checkbox"/> LCSW <input type="checkbox"/> Other |

| | |
|---|--|
| 15. Open to Professionals Outside Your Agency? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 16. Goals/Objectives (please print clearly- or attach goals and objectives) | |

17.

**Program
Description AND/OR
Attach brochure
(Please print
clearly)**

18. This section is for GSCSW members who are requesting CEU's for workshops or conferences they have attended. (You must have been a current member of GSCSW when you attended the workshop.)

"Explain, in detail, how the content of the workshop you attended will be applied in your professional practice with clients."

(Please print clearly)

| 19. SCHEDULE | DATE | SESSION BEGINS | SESSION ENDS | INSTRUCTION HOURS | CONTENT |
|--|------|----------------|--------------|-------------------|---------|
| Please complete the schedule - list instructional hours and breaks. Do not include breaks in the calculation of instructional hours. | | | | | |
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20a. Total Clock Hours Requested

20b. Type Requested
_____ Core _____ Ethics

21. ETHICS CERTIFICATION - Required for all applications

(Must be signed by an official of the sponsoring organization.)

I, _____, assure that, if case materials or clients are used in this program, confidentiality will be protected and steps taken to monitor & safeguard the emotional effects upon clients.

_____/_____
Signature Date

22. PROCEDURAL CERTIFICATIONS – Required for all applications

Sections 'a' through 'd' below MUST BE INITIALED by the record keeper for the program.

_____ a. Certificates of attendance will be presented to those who attend the program.

_____ b. The names of all attendees will be forwarded to GSCSW within thirty (30) days of the program date.

_____ c. Program evaluations will be distributed to all attendees. (Copy attached)

_____ d. Evaluation forms will be made available to GSCSW upon request.

| 23. REQUIRED FEES | | | | |
|---|--|----------------------|---------------------|---------------------|
| <input type="checkbox"/> | Fee Structure | GSCSW MEMBERS | Non-Profit | For Profit |
| | <input type="checkbox"/> New Application - Base Fee (Presenter has to be a GSCSW Member to qualify for member rate) | \$25.00 | \$50.00 | \$100.00 |
| | <input type="checkbox"/> Re-Approval | \$15.00 | \$30.00 | \$30.00 |
| | <input type="checkbox"/> Multiple Dates (Same topic/speaker) _____ (#) Separate non-consecutive dates this app. | FREE | \$10.00 per date | \$10.00 per date |
| | <input type="checkbox"/> Multiple Programs (Multiple dates with different topics/speakers) _____ (#) Separate non-consecutive dates this app. | FREE | \$20.00 per date | \$20.00 per date |
| <input type="checkbox"/> | Late fees (if applicable) | | | |
| | LATE FEE for submissions postmarked less than 30 but more than 15 days before the (first) program date. | \$25.00 | \$25.00 | \$25.00 |
| | LATE FEE for submissions postmarked less than 15 working days before the (first) program date. | \$50.00 | \$50.00 | \$50.00 |
| <input type="checkbox"/> | RETROACTIVE REQUEST – Applies to GSCSW Members only | \$25.00 per request | | |
| <input type="checkbox"/> | TOTAL FEES ATTACHED: \$ _____ | | | |
| 24. REQUIRED ATTACHMENTS & CHECKLIST <i>(To avoid an additional \$10 charge, please check to ensure the application is complete and all attachments are provided.)</i> | | | | |
| <input type="checkbox"/> | GSCSW Continuing Education Application | | | |
| <input type="checkbox"/> | Resume or GSCSW Presenter Profile for each speaker | | | |
| <input type="checkbox"/> | Copy/draft of program brochure (if available) | | | |
| <input type="checkbox"/> | Evaluation form | | | |
| <input type="checkbox"/> | For re-approvals only: Copy of original letter of approval, dated within one calendar year. | | | |
| 25. SIGNATURE - <u>Required</u> for all applications | | | | |
| _____ / _____ | | | | |
| Signature of Individual Completing Application | | | Date | |

SEND ORIGINAL OF THIS FORM AND ALL ATTACHMENTS TO:

GSCSW
ATTN: CEU Committee
P.O. Box 13838
Atlanta, GA 30324 www.gscsw.org

| GSCSW PRESENTER PROFILE* | |
|-------------------------------------|--|
| Program Title | |
| Program Date | |
| Sponsoring Organization | |
| PRESENTER(S) INFORMATION | |
| Name | |
| Education/ Degrees | |
| License(s) | |
| Presentation Topic | |
| Summary of Qualifications | |

***NOTE: The Presenter Profile may be used in lieu of resumes for programs with multiple presenters**

Georgia Society for Clinical Social Work
P.O. Box 13838
Atlanta, GA 30324
Phone (404) 237-9225
EMAIL: admin@gscsw.org

Mailing List Agreement

Name of Agency: _____

Contact Person: _____

Address: _____

Phone: () _____ Fax: () _____

E-mail: _____
◆◆◆◆◆

Please accept this order for GSCSW mailing labels:

Alphabetical Order Zip Code Order

Purpose: _____

(One Time Use Only for Continuing Education Only*)

*All Other Requests Must Be Approved By the Board of Directors

Payment Enclosed

*I certify that the use of labels purchased from Georgia Society for Clinical Social Work will be for the designated purpose for **ONE TIME ONLY for Continuing Education Only**. The information will not be duplicated or reused in any way. I take full responsibility for any abuse of this agreement. I understand that these labels were produced from the most recent membership roster. I understand that some addresses may not be current due to failure of members to update address information and release GSCSW for responsibility related to return mailings.*

Signature of contact person or Agency Administrator

Date

Please return the original copy to the above address. Thank you.

Do Not Write Below This Line (For office use only)

Payment received date: _____ Amount received \$ _____