



Dear Provider of Continuing Education:

The Georgia Society for Clinical Social Work, Inc. (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 to 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.

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 or email admin@gscsw.org

You may issue certificates of attendance for this approved program directly to participants upon their completion of the course. More information can be found on page 2 of the application instructions.

Sincerely,

Rebecca Anne, M.Div., LCSW
President

Stephanie Barnhart, LCSW
Chair, Continuing Education Committee

GSCSW 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:

- Policies & Procedures (3 pages)
- Continuing Education Application (4 pages)
- Presenter Profile (optional form)

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

Email: admin@gscsw.org

Telephone: 404-237-9225

Address: P.O. Box 33338, Decatur, GA 30033

THANK YOU.

Revised: November 2019

**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 nine 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.

The social work standards committee of the Composite Board does not require 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 6 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 (GSCSW does not provide the certificates). Certificates must clearly state:

1. Name/title, date (m/d/y) and location (city/state) of the program
2. "Approved by GSCSW" and put the approval number on the certificate.
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 will apply.
3. The GSCSW fee structure is on page 11.
4. You may submit the application via email to admin@gscsw.org and request an invoice to pay via credit card.
5. Payments are required upon submission of the application unless arrangements have been made ahead of time. Approvals will not be issued until fees have been submitted and the application will be considered incomplete.

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.

Specific Section Clarification:

Section 4: 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.

Section 5: asks for location information. Please identify the name of the facility, the city and state where the CE event(s) will be held.

Section 10-12: 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 Section 18: 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 20: This area is specific to **GSCSW Members** requesting retroactive CEU approval workshops / conferences attended.

Section 21: Schedule – Please outline all hours/minutes. Include all breaks (but don't count in the total CE hours requested) and lunch.

Section 22-a: 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-b: 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 an application and attachment checklist to make sure all required materials are submitted in the correct order.

Section 25: either complete the presenter(s) profile or attach a resume or vita. If you have submitted this information in the past you don't have to re-submit again.

Section 26: CE events can be advertised on the GSCSW website as benefit with this application. Only fill out this form if you want it advertised on the CE page. There has to be at least 15 days between approval and presentation date in order for events to be advertised on the GSCSW webpage.

Please do not return the instructions pages. Only return the application and necessary attachments.

Please contact us if you have any questions at 404-237-9225 or email admin@gscsw.org

**GEORGIA SOCIETY FOR CLINICAL SOCIAL WORK
CONTINUING EDUCATION
APPLICATION**

PLEASE TYPE OR PRINT LEGIBLY

FOR OFFICE USE ONLY

Date received: _____ Paid: \$ _____

Payment type _____ Inv.date: _____

Amt. Invoiced \$ _____ Payment date _____

1. Type	<input type="checkbox"/> New application <input type="checkbox"/> Request for re-approval <input type="checkbox"/> Retroactive (GSCSW member)	
2. Program Title		
3. Speaker Name and Credentials		
4. Workshop Dates		
5. Workshop Location		
6a. Accessibility	Facility accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6b. Payment	Check enclosed <input type="checkbox"/> Yes <input type="checkbox"/> No / Send Invoice for credit card <input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Sponsoring Organization		
8. Address		
9. City/State/Zip		
10. Contact Person		
11. Email Address		
12. Telephone		
13. 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) _____	
14. Organizational Status	<input type="checkbox"/> For Profit <input type="checkbox"/> Non-Profit 501(c)3 or 501(c) 6 <input type="checkbox"/> GSCSW Member	
15. Cost to Participants?	13. Target Audience <input type="checkbox"/> LMSW <input type="checkbox"/> LCSW <input type="checkbox"/> Other	14. Cost to Participants \$
16. Open to Professionals Outside Your Agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

17. Do you want this CE advertised on the GSCSW website? If yes, please fill out the website information form attached.

Yes No

18. Goals/Objectives

(please print clearly-or attach goals and objectives)

**19. Program Description
and/or attach brochure**

(Please print clearly)

20. This section is for GSCSW members who are requesting CE'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)

IF N/A - don't return this page.

21. SCHEDULE	DATE	SESSION BEGINS	SESSION ENDS	INSTRUCTION HOURS	CONTENT
Please complete the schedule - <u>list instructional hours please include all breaks and lunch but don't count those hours.</u>					

21a. Total Clock Hours Requested _____	21b. Type Requested _____ Core _____ Ethics
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22a. 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

22b. 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.

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)	\$10.00	\$20.00	\$30.00
Retroactive Request	\$25.00	N/A	N/A
Conference – 2 or more days.	\$ 50.00	\$125.00	\$200.00
Late fees (if applicable)			
LATE FEE - 15 days before the first program date.	\$15.00	\$ 25.00	\$50.00
LATE FEE – 10 days before the first program date	\$25.00	\$100.00	\$150.00
LATE FEE – 5 days or less before the first program date.	\$50.00	\$125.00	\$200.00
Please send an invoice for credit card payment _____			
TOTAL FEES ATTACHED: \$ _____			
23. REQUIRED ATTACHMENTS & CHECKLIST (To avoid any delays in approval, please check to ensure the application is complete and all attachments are provided.)			
<input type="checkbox"/>	GSCSW CE Application		
<input type="checkbox"/>	Resume or GSCSW Presenter Profile for each speaker (if submitted once please don't submit again)		
<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.		
<input type="checkbox"/>	Payment attached or arranged.		
24. SIGNATURE - <u>Required</u> for all applications			
_____ / _____		_____	
Signature of Individual Completing Application		Date	

SEND ORIGINAL OF THIS FORM AND ALL ATTACHMENTS TO: GSCSW, P.O. Box 33338, Decatur, GA 30033 or email to admin@gscsw.org Payment will need to be arranged.

25.

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. This page can be duplicated.

26.

Website Information (only fill out and return if you want the program on the GSCSW CE website)	
Program Title	
Program Date(s)	
Sponsoring Organization	
Presenter Name(s)	
Contact Info	
Workshop Location	
Cost to attend:	
Link to register:	
Website (if any)	
Brief description (optional)	