



**Fee \$30, No personal checks.
 See attached credit card form.**

Professional Continuing Education

Request for Program Approval Directions: Organizations, agencies, or individuals, who want to offer a program to counselors, social workers, or MFTs that will satisfy part of the continuing professional education requirement for renewal, shall complete this form. Attach to this form a program description, agenda and brochure, which delineates the content and timeframes of the program including start/end and breaks for each session and a current resume from all program instructor(s). The complete package of materials shall be received at least 60 days in advance of the program date(s) and include a copy of the evaluation form. However, the board accepts program approval applications after the 60-day deadline, but will not guarantee processing prior to scheduled date. Applications received the day of or after the program date will be denied.

Application to offer continuing education for:

- Counselors/
 Clinical Counselors**

 **Social Workers/
 Independent Social Workers**

 **Marriage and Family Therapists/
 Independent Marriage and Family Therapists**

1. Name of program sponsor		
2. Address (Street, City, State, and Zip)		
3. Name of contact person responsible for program	Telephone number	Email
4. Program Title		
5. Program date(s)	Location(s) (City, State)	
6. Number of clock hours requested (one clock hour = 60 minutes of direct contact; breaks and lunch are excluded). Total Hours: <input style="width: 50px;" type="text"/>		Include a copy of certificate given for this program per 4757-9-05(B)(2)(k): Required: Yes <input type="checkbox"/>
7. Content Focus Area(s) check all that apply: Counselor Focus Areas <input type="checkbox"/> Counseling Theory <input type="checkbox"/> Lifestyle/Career Dev. <input type="checkbox"/> Human growth and Development <input type="checkbox"/> Counseling Techniques <input type="checkbox"/> Appraisal Assessment <input type="checkbox"/> Research/Evaluation <input type="checkbox"/> Professional Ethics <input type="checkbox"/> Social/Cultural Foundations <input type="checkbox"/> Clinical Psychopathological, Personality, & Abnormal Behavior <input type="checkbox"/> Diagnosis & Treatment of Mental and Emotional Disorders <input type="checkbox"/> Evaluation of Mental & Emotional Status <input type="checkbox"/> Methods of Intervention & Prevention <input type="checkbox"/> Processing <input type="checkbox"/> Group Dynamics <input type="checkbox"/> Supervision and Administration <input type="checkbox"/> Other _____	Social Worker Focus Areas <input type="checkbox"/> SW Theory <input type="checkbox"/> SW Methods <input type="checkbox"/> Human Development & Behavior <input type="checkbox"/> Social Welfare & Policy <input type="checkbox"/> SW Values & Ethics <input type="checkbox"/> SW Research <input type="checkbox"/> Supervision <input type="checkbox"/> SW Administration <input type="checkbox"/> SW Practice for Special Populations <input type="checkbox"/> Other _____ Note: Programs approved by NASW & ASWB do not need Board approval.	Marriage and Family Therapist Focus Areas <input type="checkbox"/> Human Development & Behavior <input type="checkbox"/> Appraisal of Individuals & Families <input type="checkbox"/> Systems Theory <input type="checkbox"/> Research <input type="checkbox"/> Professional Ethics <input type="checkbox"/> MFT Studies <input type="checkbox"/> MFT Interventions <input type="checkbox"/> Supervision <input type="checkbox"/> Clinical Psychopathological, Personality & Abnormal Behavior <input type="checkbox"/> Diagnosis & Treatment of Mental and Emotional Disorders <input type="checkbox"/> Evaluation of Mental & Emotional Status <input type="checkbox"/> MFT Administration <input type="checkbox"/> Other _____

8. Explain how the content of this program directly relates to the focus area(s) that are checked in item 7:

9. Specific educational or training objectives of the overall program:

10. Program instructor(s) Name(s) (Attach current resume(s))

11. Instructional methods to be used:

12. CERTIFICATION OF AGREEMENT: The program sponsor agrees to the following:

- a. Provide facilities and programs that are accessible to individuals who are disabled.
- b. Each participant shall be given a certificate of completion to document his/her attendance at the program. This certificate shall contain; the name of the program sponsor, the program title and date(s), the name of the participant, the number of clock hours earned by the participant, the number of ethics or supervision hours if any, the counselor, social worker and marriage and family therapist approval number assigned by the Board, and the signature of an official representative of the sponsoring organization.
- c. Include an evaluation component for the program offered.
- d. Checklist (to assure a complete application:
 - A program description/brochure attached
 - Agenda with content and timeframes including breaks
 - Instructor(s) resume(s) attached
 - Sample program evaluation form attached
 - Submitted at least 60 days before program date
 - Enclose payment of \$30 by business check, money order or credit card form

Signature of Contact Person

Date



Counselor, Social Worker & Marriage and Family Therapist Board

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614-466-0912

<http://cswmft.ohio.gov> & cswmft.info@cswb.state.oh.us

Credit Card Payment Authorization Form

Please check one: Master Card Visa Discover

Cardholder Name: _____

Address: _____

City, State, Zip: _____

Telephone #: _____

Email Address (for receipt): _____

Credit Card Number: _____

Expiration Date: _____

CVV2/CID Code # (Three digit number on back of card): _____

Payment Amount: _____

Payment for (exam, application, etc): _____

Signature: _____ Date: _____

Credit Card Payments may be mailed or phoned in to the Board office.

Telephone # for Credit card payment accepted, if application is already in our hands 614-466-0912

Email is not a secure medium for your credit card information.