



**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: _____		Include a copy of certificate given for this program per 4757-9-05(B)(2)(k): Required: Yes
7. Content Focus Area(s) check all that apply: Counselor Focus Areas Counseling Theory Lifestyle/Career Dev. Human growth and Development Counseling Techniques Appraisal Assessment Research/Evaluation Professional Ethics Social/Cultural Foundations Clinical Psychopathological, Personality, & Abnormal Behavior Diagnosis & Treatment of Mental and Emotional Disorders Evaluation of Mental & Emotional Status Methods of Intervention & Prevention Processing Group Dynamics Supervision and Administration Other _____	Social Worker Focus Areas SW Theory SW Methods Human Development & Behavior Social Welfare & Policy SW Values & Ethics SW Research Supervision SW Administration SW Practice for Special Populations Other _____ Note: Programs approved by NASW & ASWB do not need Board approval.	Marriage and Family Therapist Focus Areas Human Development & Behavior Appraisal of Individuals & Families Systems Theory Research Professional Ethics MFT Studies MFT Interventions Supervision Clinical Psychopathological, Personality & Abnormal Behavior Diagnosis & Treatment of Mental and Emotional Disorders Evaluation of Mental & Emotional Status MFT Administration 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.ohio.gov

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.