



Fee \$125
No personal checks.
Credit Card Form Enclosed

Initial Application for Continuing Education Provider

Directions: Use this form to apply to become a provider of the continuing professional education required for renewal of counselor, social worker, and /or marriage and family therapist licenses. Initial approval of providers is for a one (1) year probationary period and is renewable for two (2) year periods thereafter. To be considered by the Board this application must be accompanied by: (A) Program approval application forms for at least three (3) proposed programs; and (B) a list of additional proposed program titles or topics. This application must be received by the Board at least 60 days prior to the first scheduled program offering. Refer to Board Rules 4757-9-01 through 4757-9-07 for guidance on approval of programs for program providers.

1. Check the content area(s) in which you plan to offer programs: <input type="checkbox"/> Professional Counseling/ Clinical Counseling <input type="checkbox"/> Marriage & Family Therapy/ & Family Therapy <input type="checkbox"/> Social Work/ Independent Social Work
2. Name and address of applicant: Name: _____ Phone: _____ Email: _____ Address: _____ City: _____ State: _____ Zip: _____
3. In what way does this agency/individual applying for provider status directly provide counseling, social work, and/or marriage and family therapy services and for how long?
For each area checked in number 1, include the required information on the licensed professional in that area who is involved in the planning process, as required by Administrative Code rule 4757-9-06 (For example, if you are offering social work programs a social worker must be involved.) Include a copy of each professional's resume.
4. (A) Professional Counselor Name _____ License # _____ Degree _____ In what way is this licensee directly involved in the planning and decision making for the programs offered?
(B) Marriage and Family Therapist Name _____ License # _____ Degree _____ In what way is this licensee directly involved in the planning and decision making for the programs offered?
(C) Social Worker: Please note programs and providers approved by NASW & ASWB do not need Board approval. Name _____ License # _____ Degree _____ In what way is this licensee directly involved in the planning and decision making for the programs offered?
5. Names of other licensing and/or credentialing groups that have approved this provider: _____ From _____ To _____ _____ From _____ To _____ _____ From _____ To _____

6. Describe how the programs will directly relate to the licensed practice of social work, counseling, and/or marriage and family therapy, refer to the Ohio Revised Code section 4757.01 or the Ohio Administrative Code section 4757-9-01, 4757-9-02 and 4757-9-03: (Programs primarily for personal growth/improvement will not meet the requirements.)

7. Describe the criteria and process for assuring quality and appropriateness of programs given during the renewal period:

8. **Certificate Of Agreement:** The following requirements will be met as a provider of continuing education as required by the Counselor, Social Worker, and Marriage and Family Therapist Board;
- a. Conduct programs that satisfy one or more of the program areas in counseling, social work, and/or marriage and family therapy as defined in Ohio Revised Code sections 4757-01, 4757-9-02, 4757-9-03, and 4757-9-05.
 - b. Use program instructors who have the professionally recognized skills to conduct the programs offered.
 - c. Include an evaluation component in all programs offered.
 - d. Maintain records of attendee participation, records of program content, and presenter qualifications, for a period of 5 years. Make such records available to the Board upon request.
 - e. Indicate, on any promotional literature disseminated, the provider number issued by the board.
 - f. Furnish to each licensee to document their attendance a certificate which indicates the following information: the name of the provider, the approved number, the name of the participant, the title and dates of the program, and the number of clock hours of continuing professional education earned by the licensee, and if the program meets the ethics and/or supervision requirement(s).
 - g. Include a licensed professional in social work, counseling and marriage and family therapy in the planning process and decision making for programs applicable to each licensed professional that the program is approved.
 - h. Provide facilities and programs that are accessible to individuals who are disabled.
 - i. Enclose with this application a list of additional proposed program titles or topics.
 - j. Enclose completed program approval forms for three (3) proposed programs.
 - k. Enclose fee of \$125 by business check, money order or completed credit card form.

Provider Contact: Name: _____ **Title:** _____

Telephone: _____ **Email:** _____

I hereby agree to abide by the rules as a provider of continuing education as required by the Counselor, Social Worker, and Marriage and Family Therapist Board. I understand that the Board may desire and seek additional information if necessary. I also understand that the Board may withdraw or refuse to renew the approved status of any provider that fails to comply with this agreement and with the Board rules.

Signature _____ **Date** _____



Counselor, Social Worker & Marriage and Family Therapist Board

50 West Broad St, Suite 1075
Columbus, Ohio 43215-3344
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.