



This is an Active PDF form. Click on the check boxes and/or the fill-in areas and type your data. Print or save the completed form with Reader 8.0 or later.

State Of Ohio  
Counselor, Social Worker and  
Marriage and Family Therapist Board

50W.BroadSt.Suite1075  
Columbus, OH 43215-5919  
614-466-0912

### Social Work Continuing Professional Education Request for Post-Program Approval

Directions: Social Workers, Independent Social Workers and Social Work Assistants must use this form to request continuing education approval for professional development programs they have already attended and for which the program sponsor does not have pre-approval from the board.

You must submit a separate form for **each program for which you seek approval.**

When seeking post approval for large conventions submit a detailed brochure with individual information on each session and submit with one post program approval application. You must detail which sessions you attended. You will only receive credit for actual attendance.

These forms must be submitted within 90 days of the date the program was completed. No request for approval will be considered unless accompanied by the provider's program description (or brochure) and a certificate of completion (or an attendance statement signed by the presenter.) If you are submitting a college course, include copies of the course syllabus (or catalog course description) and your grade report. No continuing education completed before the effective date of your license can be approved. This form may also be used to request approval for presentation and distance learning options.

1. Program Title	
2. Program Dates  Online	Number of Clock Hours Requested
3. Program Location (City and State) Alachua, FL	
4. Name and Address of Program Sponsor All CEUs PO Box 1688 Alachua, FL 32616	
5. Program Instructor(s) (Name[s] and degree[s]) Dawn-Elise Snipes, PhD Crissy Hunt, RN	
6. Review the Program Focus Areas listed below. Check all that apply. The workshop must reflect one of the Social Work Program Focus Areas. (Refer to Ohio Administrative Code section 4757-9-05.)	
<input type="checkbox"/> Social Work Theory <input type="checkbox"/> Social Work Methods <input type="checkbox"/> Human Development & Behavior <input type="checkbox"/> Social Welfare and Policy <input type="checkbox"/> Social Work Values & Ethics <input type="checkbox"/> Social Work Research	<input type="checkbox"/> Social Work Supervision <input type="checkbox"/> Social Work Administration <input type="checkbox"/> Social Work Practice for Special Populations <input type="checkbox"/> Other _____

7. Program objectives:

8. Clearly explain how the program directly relates to the areas of social work that you checked in item 6:

Addictions are prevalent and impact the treatment of patients in a variety of settings. In order to best assist patients with multiple diagnoses, it is vital to have the skills to deal with this frequently occurring problem.

9. Instructional methods used:

Home study reading material, interactive forum questions and final exam

10. What method was used for you to evaluate the program?

Satisfaction survey

**11. Applicant information:**

Completely fill out name and address.

List all licenses for which CEUs apply:

Name: \_\_\_\_\_

License #: \_\_\_\_\_

Address: \_\_\_\_\_

Expiration: \_\_\_\_\_

\_\_\_\_\_

Is this a new address?  Yes  No

“The above application information is accurate. I understand that this application will be automatically disapproved if not accompanied by the materials required in the directions on this form. I also understand if I hold a license in counseling or marriage and family therapy that I can use this program, if approved, to also satisfy the renewal requirements for my counseling and/or marriage and family therapist license.”

Signature: \_\_\_\_\_

**Office Use Only**

Prior action  N  A  D Date: \_\_\_\_\_

PSC Action  N  D Hours: \_\_\_\_\_ By: \_\_\_\_\_ Date: \_\_\_\_\_

Notification Date: \_\_\_\_\_