**NASW-NYS Program Form**

**Organization/Agency Information:**

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| **Presenter Name:** |  |
| **Presenter Credentials:** *\*Resume/CV must be submitted for each presenter in conjunction with program application* |  |
| **Second Presenter Name:** |  |
| **Second Presenter Credentials:** *\*Resume/CV must be submitted for each presenter in conjunction with program application* |  |
| **Street Address:** |  |
| **City, State Zip Code:** |  |
| **Business/Cell Phone:** |  |
| **Organization Webpage:** |  |
| **Program Date:** |  |
| **Contact Name/Title:** |  |

**Program/workshop title:**

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**Program description:**

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The proposed CE course/workshop should focus on appropriate subject areas including:

* theories and concepts of human behavior in the social environment;
* social work practice, knowledge and skills;
* social work research, programs, or practice evaluations;
* social work management, administration or social policy;
* social work ethics;
* clinical interventions, evidence-based models, and principles of clinical social work practice, psychotherapy, and clinical social work diagnosis;
* client communications and record keeping;
* administrative supervision of licensed master social work and clinical supervision of licensed clinical social work practice;
* pedagogical methodologies or other topics which contribute to the professional practice of licensed master social work and licensed clinical social work; or
* cross-disciplinary offerings from medicine, law, administration, education and the behavioral sciences are acceptable if they are clearly related to the enhancement of social work practice, skills and knowledge, and the health, safety, and/or welfare of the public.

More detailed information can be found at:  
<http://www.op.nysed.gov/prof/sw/swceproviders.htm>.

**Learning objectives:**

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**Teaching Modality:**

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**Length of program and/or program scheulde:**

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