



LOUISIANA CHILD WELFARE ACADEMY (LCWTA)
APPLICATION FOR SOCIAL WORK CONTINUING EDUCATION CREDIT

*For Pre-Approval of Social Work Continuing Education Program Credits, your application and all the supporting documents must be completed and submitted to LCWTA at least **two-weeks** before the program begins.*

Title of Program:

Check box if this is a self-paced, online training (asynchronous).

*****Date(s) of Program:**

*****Location/City of Program:**

*****Will this training be offered via teleconference (Livestream/Zoom)?**

Yes No

Sponsoring Organization / Individual:

Please list any co-sponsors:

Address:

Phone:

Email:

Sponsoring Organization Contact Name/Title:

Address (if different from above):

Phone (if different from above):

Email:

Complaint procedure: Do you have a procedure to handle complaints such as refunds, complaints, about course, etc.?

Yes

No

Who is the expected audience for this program?



Continuing Education Credit

Please indicate the total number of hours being requested in each category:

_____ Clinical Hours

_____ General Hours

_____ Ethical Hours

_____ DCFS Training Hours

Recordkeeping: Who will be responsible for collecting attendance, administering the evaluation, and providing the results of the evaluation to LCWTA?

Name:

Phone:

Email:

***Attendance must be kept for 3 years.**

Learning Objectives: Please provide a brief course description including the learning objectives of the course.

Social Work Involvement: A credentialed or licensed social worker must be a consultant or member of the planning committee for this workshop. Please provide the following information:

Name:

Phone:

Email:

List all social work credentials, licenses, or certificates of this social worker:

What is this social worker's involvement in the workshop? (planning, presenting, reviewing, etc.)

Signature of social worker: _____ **Date:**



ADA Accommodation: By signing below, my organization agrees to comply with the reasonable accommodation provisions of the Americans with Disabilities Act.

Record keeping: By signing below, I agree to collect attendance, administer the evaluation tool provided in this application, and administer certificates to attendees who completed the course. I also agree to provide the results of the evaluation tool to LCWTA once the trainings is complete. ****Attendance records must be kept for 3 years.***

Attachments: The following attachments must be submitted along with your application.

Presenter Resume(s) or Presenter Data Sheet

Please attach resume/vita/bio of presenter(s). Information on presenters must include their education, accreditations, their current employer, and their current title.

Agenda

Please provide an agenda/outline of the program (including time table). If the training is asynchronous, please provide a course outline in lieu of an agenda.

Evaluation Tool

Please include a copy of the evaluation tool to be used to measure the success of the program.

Promotional Materials

If available, provide any brochures, social media posts, memos, etc. that will be used to promote the program.

By signing below, I certify that the information provided herein is accurate.

Signature of applicant: _____ **Date:** _____

The completed and signed CEU Application Form and the required attachments can be uploaded [here](#).