

**Louisiana Association of Clinical Social Workers**

**Application for Pre-Approval Credit of Continuing Education Program**

**PROGRAM INFORMATION**

**Title of program:** \_\_\_\_\_

**Date of program:** \_\_\_\_\_

**Location/City of program:** \_\_\_\_\_

**Sponsoring organization/individual** \_\_\_\_\_

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

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Please list any co-sponsors:** \_\_\_\_\_

**Contact person/Title:** \_\_\_\_\_

**Address (if different than above)** \_\_\_\_\_  
\_\_\_\_\_

**Phone (if different from above)** \_\_\_\_\_

**Are fees being charged for program?** \_\_\_\_\_

**Please attach brochure** \_\_\_\_\_

**Please attach vita/bio of presenter(s)** \_\_\_\_\_

**SPONSORING ORGANIZATION** \_\_\_\_\_

**Who is the expected audience?** \_\_\_\_\_  
\_\_\_\_\_

**Please list the learning objectives of the program (include relevance to social work)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please provide agenda/outline of the program (including time table)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CONTINUING EDUCATION CREDITS**

**Please indicate the total number of credit hours being requested in each category. Exclude coffee breaks, meals, announcements, welcoming speeches, etc. Please note**

**one credit hour equals 60 minutes.**

\_\_\_\_\_ **Clinical** \_\_\_\_\_ **Ethics** \_\_\_\_\_ **General**

**SPONSORING ORGANIZATION** \_\_\_\_\_

**RECORDS**

**Will certificates be issued on site?** \_\_\_\_\_

**Will certificates be mailed?** \_\_\_\_\_

**Will they be issued at very end of workshop** \_\_\_\_\_

**Person responsible for certificates:**

**Name/Title** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Person responsible for evaluations:**

**Name/Title** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

**\*Please provide a blank copy of the evaluation tool to be used.**

**Person responsible for record keeping:**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

**\*PLEASE NOTE: Attendance records must be kept for 3 years**

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**SOCIAL WORKER INVOLVEMENT**

**A credentialed or licensed social worker must be a consultant or member of the planning committee for this program. Please provide the following information:**

**Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**List all social work credentials, licenses or certificates of social worker** \_\_\_\_\_

\_\_\_\_\_

**What is social worker involvement i.e. planning, presenting?** \_\_\_\_\_

**Signature of social worker** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**GUIDE FOR ASSESSMENT OF CONTINUING EDUCATION (an event must receive a total score below (combination of all three sections) 10 to be clearly acceptable for continuing education credit.)**

**Program Content:**

**(Clearly acceptable)**

- \_\_\_\_\_ 6) Mainstream social work knowledge, skills, and values
- \_\_\_\_\_ 6) Specialized social work knowledge, skills, and values
- \_\_\_\_\_ 4) Information from related fields that is useful for social work practices
- \_\_\_\_\_ 2) Developing areas that may lack strong research, support, or clear application
- \_\_\_\_\_ 0) Content that is specifically not acceptable or not related to social work practice

**(Clearly not acceptable)**

**Program Presenter:**

**(Clearly acceptable)**

- \_\_\_\_\_ 5) Social worker with appropriate expertise in content area
- \_\_\_\_\_ 4) Related profession with ability to connect content to social work practice
- \_\_\_\_\_ 2) Lay person (i.e. client) on the impact of needing/receiving services
- \_\_\_\_\_ 0) Presenter with no apparent professional qualifications nor link to social work

**(Clearly not acceptable)**

**Program Audience:**

**(Clearly acceptable)**

- \_\_\_\_\_ 4) Social work practitioners/students
- \_\_\_\_\_ 4) Interdisciplinary professional audience that may include social workers
- \_\_\_\_\_ 3) Audience presumed to be primarily from another profession (i.e. nursing)
- \_\_\_\_\_ 1) Audience open to general public

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\_\_\_\_\_ **0) Audience presumed to be primarily the general public**  
**(Clearly not acceptable)**

\_\_\_\_\_ **Total Score (add score from each section to get total score)**

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**Application payment and check list:**

\_\_\_\_\_ **Check #** \_\_\_\_\_ **Amount** \_\_\_\_\_

\_\_\_\_\_ **Brochure attached**

\_\_\_\_\_ **Presenter's vita/bio attached**

\_\_\_\_\_ **Evaluation tool attached**

**Mail application, check, and all attachments to:**

**George "Skip" Morlier, LCSW**  
**LA. Association of Clinical Social Workers**  
**3500 N. Causeway Blvd., Ste 1410**  
**Metairie, LA. 70002**  
**Email: gm.morlier@gmail.com**  
**Fax: 504-834-3101**  
**Phone: 504-838-9919**

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**LACSW APPLICATION**