STATE OF MARYLAND

DHMH Department of Health and Mental Hygiene

Larry Hogan, Governor - Boyd Rutherford, Lt. Governor - Dennis R. Schrader, Secretary

MARYLAND BOARD OF SOCIAL WORK EXAMINERS

4201 Patterson Avenue,
Baltimore, Maryland 21215 – 2299
www.dhmh.maryland.gov/bswe/

Phone Number: 410-764-4788
Toll Free: 1-877-526-2541
Fax: 410-358-2469

SPONSORSHIP INSTRUCTIONS

1. Read Criteria for Continuing Education outlined in COMAR 10.42.06 05.

2. **Only new applicants shall complete the Application for Continuing Education Sponsor Authorization**

   Include a check or a money order payable to the Maryland Board of Social Work Examiners in the amount of:
   a. $200 for the Application Fee (**one-time only**) and
   b. $100 Request for Approval per program

3. Each Request for Approval for a Category I Program **MUST** include:

   a. Completed Request for Approval for a Category I Program form,
   b. CV's of all presenters,
   c. Example of the Evaluation form,
   d. Example of the Certificate for Continuing Education Units Earned,
   e. Flyer/Brochure for training (if available),
   f. An agenda showing hour for hour topic of discussion, and
   g. Presentation / hand-outs.

4. As a provisional sponsor, you have 3 years from the approval date of the first course to complete the requirements for the five training programs/courses to become a Board Authorized Sponsor. If the submission of all requirements or this time line is not met, you will need to re-apply for sponsorship and will be considered a new applicant. All required documentation and fees for Application for Continuing Education Sponsor Authorization will apply.

NOTE: After the initial authorization for provisional status, each Category I Program request must be submitted separately with $100 Program fee.

MAIL TO:

Maryland Board of Social Work Examiners
Attention: Deborah A. Evans, Continuing Education Coordinator
4201 Patterson Avenue, Baltimore, Maryland 21215

Print Form (Sign & Mail)

FOR BOARD USE ONLY

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Amount _____

Check No _____

APPLICATION for CONTINUING EDUCATION SPONSOR AUTHORIZATION

Agency / Organization _____

Responsible Officer / Contact Person/
Administrator of Continuing Education Programs _____

Address Line1 _____

Address Line 2 _____

Address Line 3 _____

City _____ State _____ Zip Code _____

Phone Number _____ Extension _____ Fax Number _____

Email Address _____

Web Address _____

Type of Organization

- ☐ Social Work Association
- ☐ Government Agency
  - ☐ Federal
  - ☐ State
  - ☐ Local
- ☐ Training Organization
- ☐ Hospital, Nursing Home, Long Term Care Facility
- ☐ School System
- ☐ University or College
- ☐ Private Sector - Profit
- ☐ Private Sector - Non Profit
- ☐ Individual
- ☐ Other _____

A. Goals & Objectives

Describe the mission and/ or functions of the applicant's organization.

B. Contact Person

Identify the person responsible for the administration of the continuing education programs. This person will need to act as a contact person while the sponsoring organization is in provisional status.

Signature _____ Date

Print Name _____

Title _____

Phone Number _____

Email _____

C. Submit a copy of the certificate of completion or other form of documentation of attendance and satisfactory completion to be given to participants. (One time only) (View sample of Provisional Certificate on the CEU webpage).

D. Submit a copy of a rating form (evaluation form) to be used by participants to evaluate your continuing education program. The Board recommends inclusion of questions concerning content, instructor knowledge and effectiveness and adequacy of time allotted. (One time only)

Please enclose a $200 non- refundable application fee and mail to:

Deborah A. Evans, Continuing Education Coordinator
Maryland Board of Social Work Examiners
4201 Patterson Avenue, Baltimore, MD 21215

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Amount _____

Check No _____

Program # _____

REQUEST FOR APPROVAL FOR A CATEGORY I PROGRAM

PROGRAM SUBMISSION FORM

Please complete and submit this form 45 days before the program date. Be sure to include an agenda with time frames, speakers' resumes or CV's, the program evaluation form and a sample of the certificate of completion.

Sponsor's Name _____

Address _____

City _____ State _____ Zip Code _____

Title of the Program _____

Date(s) of the Program From _____ To _____

Total Number of CE Units that may be earned (do not include breaks) _____

Please attach a brief description of content or program objectives (enclose brochure, announcement or other advertising material)

Check intended audience:

☐ Social Workers ☐ Counselors ☐ Psychologists ☐ Case Managers ☐ Others _____

_____

Names and credentials of speakers: (include curriculum vitae and evidence of expertise in the program areas).
Please see criteria for presenters of continuing education program.

_____

Signature _____ Date _____

Print Name _____ Title _____

Phone Number _____ Extension _____

Please Note

Once approved, this program may continue to be offered unless there is substantive change in the content or faculty, in which case a new request for approval form must be submitted to the Board for review and approval.

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Criteria for Continuing Education Category I Programs

1. Proposal will include an overview and learning objectives for the presentation(s). It must reflect what and how participants will learn new information and integrate it into current or future practice with clients.
2. Topic area will enhance participant's abilities to render accepted social work practice and is consistent with values and principles of the Maryland Board of Social Work Examiners Code of Ethics (see COMAR 10.42.03) and National Association of Social Workers Code of Ethics.
3. Presentation will enhance and improve participant's professional skills, knowledge base and competence.
4. The topic reflects current and potential future challenges social work practitioners will face.
5. Topic area is well researched and documented in professional/academic journals and literature. A reference list will be made available to participants to encourage further study on the topic area.

Qualifications for Presenters of Continuing Education Programs

1. Bachelor, Master, or Doctorate Degree in Social Work from a Council on Social Work Education accredited program or advanced degree in a discipline that frequently collaborates with social workers (medicine, pharmacy, psychology, counseling, legal, human service management, etc.) or demonstrates expertise in related subject area.
2. Demonstrates an expertise in the specific topic area.
3. Demonstrates an understanding of adult learning styles and has the ability to incorporate appropriate techniques into a presentation.
4. Familiarity with Continuing Education target audience.