The NASW Washington State Chapter offers an approval program for continuing education providers who wish to offer continuing education for social workers, mental health counselors and marriage and family counselors Licensed by the Washington State Department of Health. Those entities that wish to use the name of NASW, Washington State Chapter, in the promotion of their conference, workshop or seminar promotional materials may do so after submitting the attached application and receiving written approval and a provider number.

This approval assures attendees of these programs that the course content and instructor qualifications meet the standards and guidelines set by the NASW Continuing Education Committee and will qualify for State re-licensure.

Why NASW’s approval is valuable:
- NASW’s review and approval of courses will ensure the market that such courses meet quality standards for continuing education and re-licensure;
- Continuing Education is a professional expectation for all social workers, Licensed or non-Licensed;
- NASW’s endorsement of courses will provide greater opportunity for the Licensed social worker to obtain quality education;
- NASW is the professional association for all social workers and has access to all Licensed social workers in the state;
- NASW continuing education content will also meet the requirements for Licensed Mental Health Counselors and Marriage and Family Counselors.

The enclosed materials will assist you in obtaining the NASW, Washington State Chapter’s Continuing Education provider approval. Please read the Guidelines for Providers before completing the application form. You may make additional copies as necessary. Please call 206-706-7084, if you have questions.

Authorization typically takes 4-6 weeks from receipt of the completed application. A $75 rush fee will be added to any application needing authorization in less than 4 weeks time. Upon approval you will be assigned a NASW identifying number and instructions for marketing purposes.

Your application, fee and materials should be mailed to:

NASW, Washington State Chapter
Continuing Education Program
522 N 85th, Suite B100
Seattle, Wa 98103
phone: 206-706-7084 fax: 206-706-7085
email: info@nasw-wa.org
A. **Submit an application** and non-refundable processing fee to NASW-WA State Chapter. Application fees are:

**Status/Category Requested:**

- **One-time workshop ($150)**
  This category is for a single workshop delivered in one day or less and not repeated. *If you are not currently planning an event, please submit a copy of the most recent program you have offered.*

- **Repeat of a pre-approved one-time workshop ($125)**
  This category is for the repeat of a one-time workshop one additional time only. It has to be the same identical workshop (title, content, and materials) that is being presented a second time only.

- **2 year limited-repeat of a pre-approved one-time workshop three times or more ($300)**
  This category allows the same identical workshop to be delivered three times or more during the two year period. No other workshops are allowed to be delivered under this category. The same workshop title, content, and materials must be used for the workshop to qualify to be delivered an unlimited number of times.

- **Conference/institute ($200)**
  This category is for a one day or multiple days with multiple breakout different workshops sessions or multiple day with multiple breakout different workshops sessions.

- **Two year unlimited – multiple different topic workshops ($350)**
  This category is for the delivery of an unlimited number of different topic and content workshops presented over a two year period. This category requires the application and all supporting documentation for all workshops being delivered under the two year unlimited category to be submitted 90 days before the workshop is delivered. This category allows a CE Provider to deliver an unlimited number of different content and topic workshop different presenters during a two year period. *All workshops under this category must be pre-approved.*

**$75 Rush fee** (This fee will be added to any application that requires authorization in less than 4 weeks time. The application must be received NO LATER than one week before the event date for authorization consideration.)

B. **Eligibility for Provider status:**
Educational programs, formally organized training centers, organizations or individuals who want to have their courses, workshops or conferences qualify for Continuing Education Approval, must submit an application with supporting materials for review and approval prior to advertising workshop. Criteria must fall within the description(s) below for any of the disciplines for which approval is sought.

C. **Course Content Requirements**
- Issues of diversity as it relates to the subject matter must be included in the content of the program.
- The course must be at least one hour (60 minutes) in length.
- A provider shall ensure that a course has specific objectives that are measurable and that an evaluation mechanism is used at the end of the course.
- Courses must be designed for individual at the post-graduate level.

1. **Licensed social work** practice is that aspect of counseling that involves:
   - the professional application of social work values, principles and methods by individuals trained in accredited social work graduate programs;
   - knowledge of human development and behavior, including biological, psychological and social development;
   - knowledge of social systems and social resources;
   - support and enhancement of biopsychosocial strengths and functioning;
• an adherence to the code of ethics of NASW and the Clinical Social Work Federation;
• knowledge of and sensitivity to human diversity, including ethnic minority populations, and cultural competence in practice.

Social work practice includes, but is not limited to:
• evaluation, assessment and treatment of psychopathology, including mental and emotional disorders and developmental disabilities;
• consultation and clinical supervision;
• case management
• psychotherapy and counseling* with individuals, couples, families and groups;
• prevention and educational services;
• administration;
• policy-making;
• research;
• education directed toward client services.

2. Practice of Marriage and Family Therapy
• The practice of marriage and family therapy is that aspect of counseling* that involves the rendering of professional marriage and family therapy services to individuals, couples and families, singly or in groups, whether such services are offered directly to the general public or through organizations, either public or private, for a fee, monetary or otherwise;
• "Marriage and family therapy" means the diagnosis and treatment of mental and emotional disorders, whether cognitive, affective, or behavioral, within the context of marriage and family systems.
• Marriage and family therapy involves the professional application of family systems theories and techniques in the delivery of services to individuals, couples, and families for the purpose of treating such disorders.

3. Licensed Mental Health Counseling Practice:
• That aspect of counseling* that involves the provision of professional mental health counseling services to individuals, couples, and families, singly or in groups, whether the services are offered directly to the general public or through organizations either public or private, for a fee, monetary or otherwise;
• "Licensed mental health counseling" means the application of principles of human development, learning theory, group dynamics, and etiology of mental illness and dysfunctional behavior to individuals, couples, families, groups, and organizations, for the purpose of treating mental disorders and promoting optimal mental health and functionality;
• Licensed mental health counseling also includes, but is not limited to, the assessment, diagnosis, and treatment of mental and emotional disorders, educational techniques developed to prevent such disorders, as well as the application of a wellness model of mental health.

D. Instructor Requirements
A provider shall ensure that an instructor teaching a course has AT LEAST THREE of the following minimum qualifications:
1. A license, registration, or certificate in an area related to the subject matter of the course. The license, registration, or certificate shall be current, valid, and free from restrictions due to disciplinary action by this board or any other health care regulatory agency;
2. A master's or higher degree from an educational institution in an area related to the subject matter of the course;
3. Training, licensure, or experience in teaching the course or subject matter related to the course;
4. At least two years’ work experience in an area related to the subject matter of the course.

* Social Work Scope of Practice
The State of Washington defines "counseling" as any therapeutic techniques, including but not limited to social work, mental health counseling, marriage and family therapy, and hypnotherapy, employed for a fee that offer, assist, or attempt to assist an individual or individuals in the amelioration or adjustment of mental, emotional, or behavioral problems, and includes therapeutic techniques to achieve sensitivity and awareness of self and others and the development of human potential.
TWO COPIES of this application and TWO COPIES of all required information must be completed in its entirety and submitted for approval or the application will be returned. Please submit a separate application for each offering. Allow four to six weeks for the application to be reviewed and to receive a response. Additional materials, such as requirements for record keeping, will be sent with notification of program approval.

Date: __________________________

Name of Organization: ____________________________________________

Director: _________________________________________________________

Contact Person: _________________________________________________

Address: _________________________________________________________

City/State/Zip ____________________________________________________

Phone: ____________________ FAX ____________________ Email ____________

Provider: (check one) ___ organization ___ individual

Status Requested:

☐ one-time workshop ($150)

☐ repeat of a pre-approved one-time workshop ($125)

☐ 2 year limited-repeat of a pre-approved one-time workshop three times or more ($300)

☐ conference/institute ($200)

☐ Two year unlimited – multiple different topic workshops ($350)

☐ Rush fee $75 (for applications requiring authorization in less than 4 weeks time from the submission date)

Payment (check one) ___ check ___ credit card ___ Purchase Order

Credit Card: __ M/C __ VISA Card No. _________________________ Exp Date ________ Sec Code ________

Signature: _______________________________________________________

Purchase Order No: _______________________________________________

(Please complete the following information – ALL INFORMATION BELOW MUST BE SUBMITTED)

1. Title of Workshop/Class (INCLUDE A BROCHURE/FLYER OF THIS OR MOST RECENT PROGRAM OFFERED)
   _______________________________________________________________
   ___________________________________________________________________

2. Workshop is developed for (check as many as apply): Licensed Social Workers ______
   Licensed Marriage & Family Therapists ______ Licensed Mental Health Counselors ______

3. Date of Course _________________________________________________
4. Location of Course __________________________________________________________________________

5. Number of CEUs (1 CEU = 60 minutes of instruction) _____________________________________________

6. Description of Workshop/Class (also attach course outline)
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

7. List workshop/course measurable objectives (include how diversity and/or cultural competence will be addressed)
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

8. Primary instructor name & title (attach vita and include copy of license, certification and/or registration)

9. Secondary instructor name & title, if applicable (attach vita)

10. Please submit a copy of your evaluation tool.

11. PLEASE LIST OTHER PROFESSIONAL ORGANIZATIONS THAT HAVE GIVEN YOU THEIR APPROVAL OF THIS OR OTHER COURSES OR WORKSHOP.

I declare that the enclosed documents are true. I understand that any false statements may result in the revocation of provider approval.

Signature of Director ______________________________ Date ______________________________

FOR INFORMATION OR QUESTIONS CALL
Hoyt Suppes, MSW
Executive Director, NASW
Phone 206-706-7084 FAX 206-706-7085

FOR OFFICE USE ONLY: approved ___ denied ___ date _________ #__________
Reason (if denied): ________________________________________________________________
Comments: ________________________________________________________________
____________________________________________________________________________
Reviewer Signature