



National Association of Social Workers

100 West 10<sup>th</sup> Street, Suite 608  
Wilmington, DE 19801-6604  
302.288.0931 Phone

[exec.naswde@socialworkers.org](mailto:exec.naswde@socialworkers.org)

Office Use Only	
Total CEU's Approved:	_____
Initials:	_____ Date: _____
Ethics CEU's :	_____
Initials:	_____ Date: _____
Check #	_____ Amt. \$ _____
Date Received:	_____ Auth. # _____

### Application for Pre-approval of a Presentation for Continuing Education Hours

***MUST BE SUBMITTED AT LEAST 30 BUSINESS DAYS PRIOR TO TRAINING/WORKSHOP  
PLEASE MAIL OR EMAIL YOUR APPLICATION ALONG WITH PAYMENT***

Name of Sponsoring Organization and/or Department:

\_\_\_\_\_

Name Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

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

City

State

Zip

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name of Presenter(s) and degree(s) held:

*(Please attach a short biography for each presenter)*

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

Title of Event: \_\_\_\_\_

Location of Event: \_\_\_\_\_

\_\_\_\_\_

Number of actual instruction hours:

*(Please attach a copy of your program and/or agenda, including all breaks)*

\_\_\_\_\_

Date(s) of Presentation(s):

\_\_\_\_\_

Please give a brief description of the program, which gives an indication of its content, objectives and forma: Attach a separate sheet if necessary.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date