

Important!

Instructions for Continuing Education CEU Audit

For your convenience, the audit form is available on our website in an active PDF format.

www.cswmft.ohio.gov

1. Thirty Clock Hours of continuing education are required for license renewal. Three of the thirty hours must be in **ETHICS**.
2. You **MUST** complete the continuing education maintenance form located on the reverse side of the green audit form.
3. You **MUST LIST** and attach **COPIES** of your attendance certificates. Up to **FIFTEEN** hours of your CEUs may be **DISTANCE LEARNING** hours (i.e. home study, teleconference, and internet based programs)
4. All CEUs taken within the State of Ohio must be Pre-Approved by the CSWMFT Board. Programs approved by the **CSWMFT Board** will list their approval number. Approval numbers from this Board begin with the letter **R** or the letter **M** and will also contain a letter that represents your licensure.

S pre-approval for **Social Workers**

C pre-approval for **Counselors**

T pre-approval for **Marriage and Family Therapists**

- To document your attendance for programs that were NOT pre-approved, you must complete a POST-PROGRAM APPROVAL form; attach a copy of your attendance certificate and a description of the program that you attended.

Post Program Approval Forms are on our website

Click on **Renewal Information**

Click on **Requesting Forms**

- If post-program approval form(s) were submitted **BEFORE** the submission of this **AUDIT** form, attach a copy of the **NOTICE OF ACTION FORM**. If you have received notice of action on your post-program request, mark **YES** in the Post Program column, and provide us with the date of submission.
 - **Marriage and Family Therapists** will be granted credit for programs attended in-state that have been approved for Counselors or Social Workers. A post program approval form will need to be completed.
5. If you are a **SOCIAL WORKER** licensed by virtue of a **related degree**, your requirement for your **FIRST** renewal is as follows: **Eight Quarter Hours** or **Five Semester Hours** of Social work coursework.
 6. **Professional Counselors** and **Professional Clinical Counselors** with **SUPERVISION DESIGNATION** must complete **six** hours of supervision training.
 7. **Independent Social Workers** with **SUPERVISION DESIGNATION** must complete **three** hours of supervision training.
 8. All licensees **practicing within the State of Ohio** must attach of copy of their current **DISCLOSURE STATEMENT**.

Sample disclosure statements for each license are on our website.

Click on **Renewal Information**

Click on **Requesting Forms**

9. **KEEP PROOF OF YOUR CEUs FOR TWO YEARS AFTER EACH RENEWAL**. If you are audited in the future, you will be asked to show proof of your CEUs from the most recent renewal submitted.

College Course Work, Publications, Journal Articles:

4757-9-07 Documentation of continuing professional education required for renewal of a license or certificate of registration.

Each licensee shall provide, in a manner prescribed by the board, evidence that the licensee has satisfied the continuing professional education requirements for renewal of a license or certificate of registration.

(A) Courses taken for credit at accredited educational institutions shall be verified by transcripts or grade cards. Completion of noncredit and audited courses shall be verified by certificates of completion or by signed statements from instructors.

(B) All other continuing professional education shall be documented by a copy of certificates of completion furnished by the provider. Such certificates shall contain the information required by paragraph (B)(5)(i) of rule 4757-9-05 of the Administrative Code. In addition, the licensee shall record his/her license or certificate number in the appropriate place on the certificate of completion.

(C) Copies of publications presented for continuing professional education shall be furnished to the board. In the case of journal articles, a copy of the journal's page showing the names of its editorial review board shall be included to document that the journal is referred.

Disclosure Statement:

4757.12. Professional disclosure statement to be provided and displayed.

(A) A person who is licensed or registered under this chapter, and a person or agency that employs a person licensed or registered under this chapter, may charge a client or receive remuneration for professional counseling, social work, or marriage and family therapy services only if one of the following applies:

(1) Prior to the performance of services, the client is furnished a copy of a professional disclosure statement containing the information described in division (B) of this section;

(2) A professional disclosure statement containing the information described in division (B) of this section is displayed in a conspicuous location at the place where the services are performed and a copy of the statement is provided to the client upon request.

(B) The professional disclosure statement required by division (A) of this section shall contain the following:

(1) The name, title, business address, and business telephone number of the professional clinical counselor, professional counselor, social work assistant, social worker, independent social worker, independent marriage and family therapist, or marriage and family therapist performing the services;

(2) The formal professional education of the person performing the services, including the institutions the person attended, the dates attended, and the degrees received from them;

(3) The areas of competence in the field in which the person is licensed or registered and the services the person provides;

(4) In the case of a person who is engaged in a private individual practice, partnership, or group practice, the person's fee schedule, listed by type of service or hourly rate;

(5) At the bottom of the first page of the disclosure statement, the words, **"This information is required by the counselor, social worker, and marriage and family therapist board, which regulates the practices of professional counseling, social work, and marriage and family therapy in this state."** and, **immediately beneath those words, the name, address, and telephone number of the board.**

HISTORY: 140 v H 205 (Eff 10-10-84); 146 v S 223 (Eff 3-18-97); 149 v H 374. Eff 4-7-2003.

Distance Learning:

4757-9-04 Clock hours for continuing professional education

A "clock hour" is sixty minutes spent in a program meeting the requirements for renewal of a license or certificate of registration issued by the board. Clock hours exclude refreshment breaks, receptions and other social gatherings, and meals that do not include an acceptable program.

(A) Fifteen clock hours will be granted for one academic semester hour. Ten clock hours will be granted for one academic quarter hour.

(B) Ten clock hours will be granted for a journal article qualifying under Rule 4757-9-06 of the Administrative Code. Thirty clock hours will be granted for a book qualifying under rule 4757-9-06 of the Administrative Code.

(C) Credit may be awarded for first time presentations at the rate of 1.5 hours for every hour of the actual, board approved, presentation, up to ten hours per renewal period.

(D) The number of clock hours granted for a program offered by an approved provider will be determined by the definition of clock hour in this rule.

(E) An individual may earn up to fifteen hours of continuing professional education per renewal period in distance learning credit as defined in paragraph

(A)(11) of rule 4757-9-06 of the Administrative Code.

Dual Licensure:

4757-7-01 Renewal of license or certificate of registration.

Any license or certificate of registration issued by the board expires two years from the date it is issued or renewed. The provisions of section 4757.32 of the Revised Code shall apply to all applications for renewal of licenses and certificates of registration.

(A) The renewal applicant shall file the required renewal forms in a manner prescribed by the board and shall pay the appropriate renewal fee.

(B) The renewal applicant shall demonstrate in a manner prescribed by the board that the applicant has met the continuing professional education requirements for any license or certificate of registration that the applicant holds.

(1) The continuing professional education required for renewal shall have been acquired subsequent to the issue of, or the last renewal of, the license or certificate of registration.

(2) Renewal applicants who hold two or more licenses issued by this board shall satisfy the continuing professional education requirements for each license they wish to renew. Continuing professional education used to renew one license or certificate of registration issued by this board may be used to renew another license or certificate of registration if it is approved for that license or certificate of registration.

Failure to Comply/ Failed Audit:

4757-11-01 Denial, and disciplinary action for licenses or certificates of registration issued by the counselor, social worker, and marriage and family therapist board

(21) The counselor, social worker, and marriage and family therapist board, under the provisions of the license or registration renewal requirements set forth in rule 4757-7-01 of the Administrative Code, has the authority to discipline a licensee or registrant who:

(a) Falsifies the renewal form by stating they have completed the required thirty hours of continuing education at the time they signed the renewal, if it is proven they have not completed the continuing education at that time.

(b) When audited, cannot present proof of thirty hours of approved continuing education.



Counselor, Social Worker & Marriage and Family Therapist Board

This is an active PDF file, click on the boxes and type your information then print.

50 West Broad Street Suite 1075
Columbus, Ohio 43215-5919
614-466-0912 & Fax 614-728-7790

www.cswmft.ohio.gov & cswmft.info@cswb.state.oh.us

COMPLETE THE FRONT AND BACK OF THIS FORM AND ATTACH COPIES OF ALL ATTENDANCE CERTIFICATES

Name:			
Street Address:	City:	State:	Zip:
Daytime Phone:	E-mail:	County:	
License/Registration Number:		Month and Day of License Issuance:	

1. Are you practicing in the state of Ohio?	Yes	No
If yes, attach a copy of your current <u>disclosure statement</u> when submitting this form.		

2. Have you completed three hours of <u>ethics</u> training?	Yes	No
---	-----	----

3. If you are a PC/PCC or LISW with <u>Supervision Designation</u> , have you completed the required hours of supervision training?	Yes	No
--	-----	----

- **Thirty Clock** hours of continuing education is required for license renewal. Three of the thirty must be in **ethics training**.
- All **in state programs must be pre-approved**. Home study, teleconference, and internet based programs or out of state programs that were not pre-approved must have a copy of the **NOTICE OF ACTION FORM** attached. (That you received after turning in the **post program approval form**.)
- Professional Counselors, Professional Clinical Counselors and Independent Social Workers with **Supervision Designation** must complete **six hours of supervision for PC's and PCC's three hours for LISW's**
- For the **first renewal** of a social worker licensed with a **related degree** document **eight quarter hours** or **five semester hours** of social work coursework with a **COPY OF YOUR GRADE REPORT OR TRANSCRIPT**

Signature of Licensee

Date

If more space is needed, please attach additional sheets.

*In the columns for post-approval please mark **YES** and attach a **COPY** of the approval notification. If you have submitted post-program approval request, but have not received approval, when completing the form please list the dates on which you submitted your request. Licensees with approval pending will be notified if there is a problem with their request.*

Name of Licensee:	License Number:
-------------------	-----------------

Program Title	Focus Area (i.e. Ethics, supervision, methods)	Sponsor/Instructors	Program/Provider Number	Post Program Approval	Dates Attended	Clock Hours
				<input type="checkbox"/> Yes <input type="checkbox"/> Submitted Date: _____ <input type="checkbox"/> N/A		
				<input type="checkbox"/> Yes <input type="checkbox"/> Submitted Date: _____ <input type="checkbox"/> N/A		
				<input type="checkbox"/> Yes <input type="checkbox"/> Submitted Date: _____ <input type="checkbox"/> N/A		
				<input type="checkbox"/> Yes <input type="checkbox"/> Submitted Date: _____ <input type="checkbox"/> N/A		
				<input type="checkbox"/> Yes <input type="checkbox"/> Submitted Date: _____ <input type="checkbox"/> N/A		
				<input type="checkbox"/> Yes <input type="checkbox"/> Submitted Date: _____ <input type="checkbox"/> N/A		
				<input type="checkbox"/> Yes <input type="checkbox"/> Submitted Date: _____ <input type="checkbox"/> N/A		