



Application for Continuing Education Provider

Directions: Use this form to apply to become a provider of the continuing professional education required for renewal of counselor, social worker, and/or marriage and family therapists licenses. Initial approval of providers is for a one (1) year probationary period and is renewable for two (2) year periods thereafter. To be considered by the Board this application must be accompanied by: (A) A list of proposed programs and program goals for the next year; (B) Program approval application forms for at least three (3) of those proposed programs; and (C) This application must be received by the Board at least 60 days prior to the first scheduled program offering, include a copy of the program(s) evaluation form. Refer to Board Rules 4757-9-01 to 4757-9-07 for guidance on approval of programs for program providers.

1. Check the content area(s) in which you plan to offer programs: <input type="checkbox"/> Professional Counseling/ Clinical Counseling <input type="checkbox"/> Marriage & Family Therapy/ & Family Therapy <input type="checkbox"/> Social Work/ Independent Social Work
2. Name and address of provider Name: _____ Phone: _____ Email: _____ Address: _____ City: _____ State: _____ Zip: _____
3. In what way does this agency/individual applying for provider status directly provide counseling, social work, and/or marriage and family therapy services and for how long?
For each area checked in number 1, include the required information on the licensed professional in that area who is involved in the planning process, as required by Administrative Code 4757-9-06 (For example, if you are offering social work programs a social worker must be involved.) Include a copy of each professional's resume.
4. (A) Professional Counselor (Must hold MA degree in counseling.) Name _____ License # _____ Title _____ Degree _____ Professional licenses _____ In what way is this licensee directly involved in the planning and decision making for the programs offered?
(B) Marriage and Family Therapist Name _____ License # _____ Title _____ Degree _____ Professional licenses _____ In what way is this licensee directly involved in the planning and decision making for the programs offered?
(C) Social Worker Name _____ License # _____ Title _____ Degree _____ Professional licenses _____ In what way is this licensee directly involved in the planning and decision making for the programs offered?
5. Names of other licensing and/or credentialing groups that have approved this provider: _____ From _____ To _____ _____ From _____ To _____ _____ From _____ To _____

6. Describe how the program will directly relate to the licensed practice of social work, counseling, and/or marriage and family therapy, refer to the Ohio Revised Code section 4757.01 or the Ohio Administrative Code section 4757-9-01, 4757-9-02 and 4757-9-03: (Programs primarily for personal growth/improvement will not meet the requirements.)

7. Describe the criteria and process for assuring quality and appropriateness of programs given during the renewal period:

8. **Certificate Of Agreement:** The following requirements will be met as a provider of continuing education as required by the Counselor, Social Worker, and Marriage and Family Therapist Board;
- a. Conduct programs that satisfy one or more of the program areas in counseling, social work, and/or marriage and family therapy as defined in Ohio Revised Code sections 4757-01, 4757-9-02, 4757-9-03, and 4757-9-05.
 - b. Use program instructors who have the professionally recognized skills to conduct the programs offered.
 - c. Include an evaluation component in all programs offered.
 - d. Maintain records of attendee participation, records of program content, and presenter qualifications, for a period of 5 years. Make such records available to the Board upon request.
 - e. Indicate, on any promotional literature disseminated, the provider number issued by the board.
 - f. Furnish to each licensee to document their attendance a certificate which indicates the following information: the name of the provider, the provider number, the name of the participant, the title and dates of the program, and the number of clock hours of continuing professional education earned by the licensee.
 - g. Include a licensed professional in social work, counseling and marriage and family therapy in the planning process and decision making for programs applicable to each licensed professional that the program is approved.
 - h. Provide facilities and programs that are accessible to individuals who are disabled.
 - i. Enclose with this application a list of proposed programs and program goals for the next year.
 - j. Enclose completed program approval forms for three (3) proposed programs.

Provider Contact: Name: _____ **Title:** _____

Telephone: _____ **Email:** _____

I hereby agree to abide by the rules as a provider of continuing education as required by the Counselor, Social Worker, and Marriage and Family Therapist Board. I understand that the Board may desire and seek additional information if necessary. I also understand that the Board may withdraw or refuse to renew the approved status of any provider that fails to comply with this agreement and with the Board rules.

Signature _____ **Date** _____