

This is an Active PDF Form. You can click the check boxes for a check mark and click on the center of Fill-In areas and start typing. You need to complete the whole form in Adobe Reader and print as you cannot save it from Adobe Reader.

6. To what population of professionals have you or your company presented continuing education in the last five (5) years?

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 approved 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. Enclosed with this application a list of proposed programs and program goals for the next year.
 - j. Completed program approval forms for three (3) proposed programs.

Provider Contact

Name: _____ Title: _____ Telephone: _____

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 _____