

CE Application Program Recerification Form

SPONSORING ORGANIZATION/INDIVIDUAL INFORMATION	
Sponsoring Organization/Individual:	
Contact Person:	Title:
Phone:	
E-mail:	
CONFIDENTIALITY CERTIFICATION	
I, _____, assure that in case materials and clients are used in workshops conducted by my organization, confidentiality will be protected, and steps are taken to monitor and safeguard the emotional effects upon clients.	
ADA ACCOMMODATIONS	
ADA Accommodations: My organization agrees to comply with the reasonable accommodation provisions of the American with Disabilities Act. <input type="checkbox"/> Yes <input type="checkbox"/> No	
CE PROGRAM INFORMATION	
Approved CE Application #	Date:
Program Title:	
<input type="checkbox"/> In-Person Event	<input type="checkbox"/> In-Person Conference
<input type="checkbox"/> Web-Based Event	<input type="checkbox"/> Open Webinar
Location/ City of Workshop:	<input type="checkbox"/> Web-Based Link:
Date/s of when the program is being hosted:	
Has there been a change to the presenter or program? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, this is a new program; therefore, you must submit a new CE Application for review.	
Please supply a link to your event:	
Signature:	Date:

Please email this form to app.naswga@socialworkers.org