

CEU APPLICATION

Title of Workshop _____

Date of Workshop _____

Workshop Begins at _____ a.m./p.m.(circle one). Workshop ends at _____ a.m./p.m. (circle one).

Place of Workshop _____

Presenter's statement of goals/objectives: 1) _____

2) _____

3) _____

Target group _____

Outline or discussion of topic _____

_____ (Attach additional pages if necessary.)

Number of hours during which information will be presented _____ (If more than a 2-hour presentation, please attach agenda listing workshop times, breaks, lunch, etc.)

Please attach a copy of your evaluation form to this application.

I am applying for _____ Social Work CEUs and/or _____ Behavioral Sciences CEUs.

Speaker(s) Name and Credentials: (degree, post degree experience, expertise, i.e., what qualifies this speaker to present this specific workshop?) Please attach one copy of all vitaes.

Name, address, and phone number of sponsoring organization _____

Name, phone number, fax number and e-mail address of person handling application _____

COST OF CEUs WILL BE DETERMINED BY NASW BASED ON THE NUMBER OF CEUs.

CEU Form #1 -- National Association of Social Workers, Iowa Chapter (amended 9/30/05)