

## 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.  
(If you are applying for both, please attach **two copies** of all supporting documents.)

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)