

STATE OF ALASKA
DEPARTMENT OF COMMERCE, COMMUNITY AND ECONOMIC DEVELOPMENT
DIVISION OF CORPORATIONS, BUSINESS AND PROFESSIONAL LICENSING
BOARD OF SOCIAL WORK EXAMINERS
P.O. BOX 110806
JUNEAU, AK 99811-0806
TELEPHONE: (907) 465-2551
E-mail: license@alaska.gov

CONTINUING EDUCATION PROVIDER'S APPROVAL FORM

In order for the Board of Social Work Examiners to review programs offered by providers for continuing education, the attached form must be filled out and submitted to the above address for board review.

In accordance with 12 AAC 18.220(a), to be accepted by the board, continuing education must contribute directly to the professional competency of a clinical social worker and must be directly related to the skills and knowledge required to implement social work principles and methods. The definition of the "social work principles and methods" includes:

Counseling of a nonmedical nature to assist in the treatment of mental and emotional conditions of individuals, families, and groups; providing information and referral services; providing or arranging for the provision of social services; explaining and interpreting the psychosocial aspects in the situations of individuals, families, or groups; helping communities to organize, provide or improve social and health services; and doing research related to social work.

Therefore, your continuing education program should be in accordance with the regulations as stated above. Please fill out the attached form and return it to this office at the address provided. Attach other information, i.e., syllabus, workshop outline, that is pertinent for the board to review regarding your program. Once the information has been received, the board will review and you will be notified by letter of the board's decision.

12 AAC 02.155

(c) The following fees are established for submission of social worker continuing education courses for approval under 12 AAC 18.220:

- (1) initial continuing education course submittal fee, \$50;
- (2) continuing education course resubmittal fee, \$25.

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- \$50.00 Initial Continuing Education Course Review
- \$25.00 Continuing Education Resubmittal

Name of Sponsoring Organization: _____

Contact Person: _____

Telephone #: _____ e-mail address: _____

Complete Address: _____

Title of Course: _____

Date(s) and Location(s) Course Being Offered: _____

Learning Purposes and Objectives as they Relate to the Clinical Social Work Definition, AS 08.95.990:

Instructor(s) Credentials: _____

Which State(s) has approved your program and which professional association(s) has approved your program:

Total number of contact hours given: _____

Total number of hours that are substance abuse specific: _____

Total number of hours that are cross-cultural specific: _____

Total number of hours that are cross-cultural, specifically related to Alaska Natives: _____

Total number of hours that are professional ethics: _____

Note: You must submit an agenda to support the number of hours you are requesting.