

Social Work Continuing Education Workshop Proposal Form

NYSED Standard 2 Form for Social Work Educational Workshops

1. Name of primary workshop presenter/applicant _____

Email: _____@_____

2. Who will be the licensed social worker associated with this workshop? _____

Social Work License state: _____

Social Work License type: _____

Social Work License number: _____

3. Title of Proposed Workshop: _____

4. Please select the area or areas that best apply to this particular workshop:

- Theories and concepts of human behavior in the social environment
- Social work practice, knowledge and skills (if this falls within the clinical scope of practice, an **LCSW will be REQUIRED**)
- Social work research, programs, or practice evaluations
- Social work management, administration or social policy
- Social work ethics
- Clinical interventions, evidence-based models, and principles of clinical social work practice, psychotherapy, and clinical social work diagnosis (**LCSW REQUIRED**)
- Client communications and recordkeeping (if this falls within the clinical scope of practice, an **LCSW will be REQUIRED**)
- Administrative supervision of licensed master social work and clinical supervision of licensed clinical social work practice (**LCSW REQUIRED**)
- Pedagogical methodologies or other topics which contribute to the professional practice of licensed master social work and licensed clinical social work (if this falls within the clinical scope of practice, an **LCSW will be REQUIRED**)

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- Cross-disciplinary offering(s) from medicine, law, administration, education and the behavioral sciences that are related to the enhancement of social work practice,**
- Skills and knowledge, and the health, safety, and/or welfare of the public**
- Other (please explain):**

5. Does this workshop fall within the scope of clinical social work practice? For questions regarding scope of practice, please visit <http://www.op.nysed.gov/prof/sw/article154.htm>

YES

NO

6. Submit a course/educational activity description or a copy of a course/educational activity outline/program/brochure for each planned course/educational activity that includes:

a. its exact title:

b. subject/topic of the course/educational activity:

c. names and qualifications of the presenter(s) for each lecture or subject/topic:

d. description of course/educational activity content

e. location, date and time

University Downtown Center at Binghamton University – SUNY
67 Washington Street, Binghamton, NY 13901-3702

f. starting and ending times of each session or lecture

g. a description of the teaching methods to be used

h. the learning objectives of the course/educational activity

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i. the length of the course/educational activity in contact hours (1 Contact Hour = 50 Mins of instruction)