



Washington State Society for  
**Clinical Social Work**  
 Identity • Integrity • Diversity

**CONTINUING EDUCATION APPLICATION**

Complete this application in its entirety, including supporting documents. Applications must be received at least four weeks prior to the scheduled event. Applications submitted less than 4 weeks prior to the event will be assessed a \$75 rush fee. Make checks payable to WSSCSW and return to: Aliyah Vinikoor  
 5711 18th AVE NE Seattle, WA 98105 *Applications must be clearly printed or typed.*

**Contact Information**

Date	
Applicant Name	
Provider (check one) Provider _____ Individual _____	
Contact Name	
Address	
City, State Zip	
Email & Phone	

**Event Type**

Type of Event	Multiple Discipline Approval	Select One
Conference, Multi-workshop, Institute, Course	\$200	
Single Event (Workshop, Seminar)	\$100	
Repeat of a Previously Approved Single Event	\$75	
*Two Years Unlimited Events	\$300	
Rush Fee (for applications submitted less than 4 weeks prior to event)	\$75	

**Event Information** (include on a separate page)

1. Title of Current Event
2. Description of Event
3. Date of Event
4. Location of Event
5. Number of CEU's (1 CEU = 60 minutes of instruction)



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6. Attach Course Outline
7. Attach workshop/course measurable objectives (minimum of two)
8. Attach name, title and vita of primary instructor
9. Attach name, title and vita of secondary instructor
10. Submit a copy of your evaluation form
11. Describe your background in providing and coordinating continuing education programs for social workers
12. Please list other professional organizations that have given you their approval

*I declare that the enclosed information/documents are true. I understand that any false statements may result in the revocation of provider approval.*

*\*Submit a separate application for each offering in the Unlimited Event*

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Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_