



**Board of Social Work Examiners**

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

Email: [SocialWorkExaminers@Alaska.Gov](mailto:SocialWorkExaminers@Alaska.Gov)

Website: [ProfessionalLicense.Alaska.Gov/SocialWorkExaminers](http://ProfessionalLicense.Alaska.Gov/SocialWorkExaminers)

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## Continuing Education Provider Approval Form Instructions

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 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 complete the Continuing Education Provider's approval form (#08-4293) 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.



THE STATE  
of **ALASKA**

Department of Commerce, Community, and Economic Development  
Division of Corporations, Business and Professional Licensing

**CSW**

FOR DIVISION USE ONLY

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## Continuing Education Provider Approval Form

### PART I Payment of Fees

Required Fees:	<input type="checkbox"/> Initial Continuing Education Course Review Fee	\$50.00
	<input type="checkbox"/> Continuing Education Resubmittal Fee	\$25.00

### PART II Sponsoring Organization

Sponsoring Organization:			
Full Address:	P.O. Box or Street	City	State Zip
Contact Person:			
Contact Phone:		Email:	

### PART III Course Information

Course Title:			
How Offered:	<input type="checkbox"/> Classroom	<input type="checkbox"/> Online	<input type="checkbox"/> Teleconference <input type="checkbox"/> Video
Date of Course:		Location:	
Date of Course:		Location:	
Date of Course:		Location:	
Learning Purposes and Objectives as they Relate to the Clinical Social Work Definition, AS 08.95.990:			
Instructor(s) Credentials:			

**PART III Course Information (continued)**

Which state(s) has approved your program?	
Which professional association(s) has approved your program?	
<b>Course Focus</b>	<b>Total Number of Hours</b>
Substance Abuse	
Cross-Cultural	
Cross-Cultural, Specifically Related to Alaska Natives	
Professional Ethics	
<b>Total Contact Hours Given</b>	

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



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## Credit Card Payment Form

All major credit cards are accepted. For security purposes, do not email credit card information. Include this credit card payment form with your application.

Name of Applicant or Licensee: \_\_\_\_\_

Program Type: \_\_\_\_\_ License Number (if applicable): \_\_\_\_\_

I wish to make payment by credit card for the following (check all that apply): **AMOUNT**

Application Fee: \_\_\_\_\_

License or Renewal Fee: \_\_\_\_\_

Other (name change, wall certificate, fine, duplicate license, exam, etc.):

1. \_\_\_\_\_

2. \_\_\_\_\_

**TOTAL:** \_\_\_\_\_

Name (as shown on credit card): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email (optional): \_\_\_\_\_

Signature of Credit Card Holder: \_\_\_\_\_

08-4438

Rev 12/26/18

Credit Card Payment Form (all major cards accepted)

**CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!**

<p>1. Account Number: _____</p> <p>2. Expiration Date: _____</p> <p>3. Billing ZIP Code: _____</p> <p>4. Security Code: _____</p>	<p>All four fields <b>MUST</b> be completed!</p> <p>This section will be destroyed after the payment is processed.</p>
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