

2017 Continuing Education Reporting Form / Certificate of Attendance

Complete, sign & submit form as indicated below ♦ Keep a copy of the completed form for your records

NAME _____ PLEASE PRINT CLEARLY
ADDRESS _____ CITY _____ ST _____ ZIP _____
LICENSE TYPE (check all that apply) Social Work LPC Nsg Hm Admin CAC Other (list type): _____
LICENSE # & STATE (list all that apply) WV _____ Ohio _____ NHA _____ Other _____
APPROVED PROVIDER NAME **National Association of Social Workers, West Virginia Chapter**
PROVIDER #: **WV SW 490013; OH SW 333350-042617; LPC WV BEC-042617; NAB 20180425-24-A32465-IN; CAC AP07-100; WV RN Bd WV2012-0580RN**
COURSE DESCRIPTION/TITLE **2017 Spring Continuing Education Conference for Social Workers**
COURSE DATE(S)/LOCATION **April 26, 27 & 28, 2017, Charleston Civic Center, Charleston, WV**

Instructions: Write in workshop numbers/titles ♦ Check events you attended ♦ Total hours below ♦ Copy/Submit as needed

Wednesday, April 26, 2017

- * 1.5 hrs Keynote: "West Virginia Chose Me" Four young activists, their work in and commitment to West Virginia and her people
- * 1 hour 'A' Session Enter # & Title: _____
- * 3.0 hrs 'B' Session Enter # & Title: _____
- 1 hour Social Work in West Virginia Annual Meeting: NASW WV Report to Members and the Profession

Thursday, April 27, 2017

- * 3.0 hrs 'C' Session Enter # & Title: _____
- * 1 hour 'D' Session Enter # & Title: _____
- * 1.5 hrs 'E' Session Enter # & Title: _____
- * 2 hrs 'F4' Session Enter # & Title: _____
- * 1.5 hrs Other 'F' Session Enter # & Title: _____

Friday, April 28, 2017

- * .5 hrs 'G-A' Poster Presentations: Integrated Mental/Behavioral Health Training Program
- * 1 hour 'G' Session Enter # & Title: _____
- * 1.5 hrs 'H' Session Enter # & Title: _____
- * 1.5 hrs 'J' Session Enter # & Title: _____
- * 1 hour 'K' Session Enter # & Title: _____

* NOTE: 3-hr sessions offer 2.75 hours for OH SW, WV LPCs, and Nsg. Home Admin. Approved sessions in asterisked time periods offer hours for these disciplines.

ENTER TOTAL CONTACT HOURS EARNED _____

CERTIFICATION "I certify that I have attended and completed the continuing education contact hours indicated above. I further understand that knowingly falsifying continuing education records can result in disciplinary action, including suspension or revocation of my license."

YOUR SIGNATURE _____ **DATE** _____

Maintain or submit your CE records as required by your profession's CE regulations. Keep a copy for your records.

Special Instructions for Continuing Education Documentation

- **Optional Certificate of Attendance:** If you ordered & paid for a certificate complete & sign this form *and mail or fax copy by May 15th to: NASW, 1608 Va. St., Chas., WV 25311, Fax 304-720-3766* to verify attendance so we may generate an accurate certificate. *Thank you!*
- **WV Social Workers:** Up to 20.5 hours approved. **Conference official signature is NOT required.** Keep a copy for your records.
- **OH Social Workers:** Up to 19.5 hours approved by the NASW Ohio Chapter (*Annual Meeting & Awards Plenary excluded*). **Complete & have conference official sign** this form as you leave. *Mail/ fax copy by May 15th to: NASW, 1608 Va. St., Charleston, WV 25311, Fax 304-720-3766* for our records.
- **DC, KY, MD, PA & VA Social Workers:** NASW hours generally accepted. Topic exclusions may apply. Report hours as instructed by your board.
- **WV Licensed Professional Counselors:** Up to 16.5 hours for approved sessions. **Complete form & have conference official sign** as you leave. **Approved Sessions:** A1, A2, A3, A5, A6, B1, B2, B3, B4 (ALPS), B5 (LPC Ethics), B6, B7, B8, B9, B10, B11, B12, B13, C1, C2, C3, C4, C5, C8, C9, C10, C11, D2, D4, D5, D6, D7, E1, E3, E4, E5, E6, E7, E8, E9, E12, E14, E15, E16, F1, F3, F4, G2, G4, G5, G6, G7, H1, H2, H3, H4, H5, H7, H8, H9, H11, J1, J2, J3, J4, J5, J6, J7, J8, K1, K2, K3, K6, K7, K8. An LPC who wishes to attend a session not listed below may email rclay27@msn.com to request further review.
- **Nursing Home Administrators:** Sign-in at "CE Info" station. *Pick up NAB evaluation forms for each session.* Complete this CE form, have a Conference official sign it as you leave, and *copy by May 15th to: NASW, 1608 Va. St., Chas, WV 25311, Fax 304-720-3766.* We must report hours to state licensing boards within 30 days based on best available information. *"This educational offering has been reviewed by the National Continuing Education Review Service of the Nat'l Assoc. of Long Term Care Admin. Boards and approved for 24 clock hours & 13 participant hours."* (Breaks not included). **Approved Sessions:** A5, B7, B9, C5, C7, E7, E15, G2, H3, H6, J2, J9, K3, K7.
- **WV Gerontology Practitioner (GPC) & Non-Profit Management (CECNPM) Certificates:** GPC: A5, B2, B7, B8, B9, B13, C2, D6, E4, E9, E11, E13, E15, E16, F1, F2, G3, H3, H4, H6, H12, J2, J6, K2, K3, K7. **CECNPM:** A2 (HR/mgmt), B13 (elective), C7 (HR/mgmt.), G7 (HR/mgmt.), H10 (svc prov/eval), J9 (HR). Visit the WVU Booth or contact Jacki Englehardt, MSW at 304-293-3280 or Jacki.Englehardt@mail.wvu.edu for details.
- **WV Addictions Professionals:** Up to 20.5-hours approved. NASW WV is an Institutional Provider approved by the WV Certification Board. Keep track of and prepare to report "addiction specific" hours on your recertification application.
- **WV Registered Professional Nurses:** NASW WV is a recognized by the WV Board of Examiners for Registered Prof. Nurses (WV2012-0580RN). Approved sessions are: A1, A2, A3, A5, A6, B1, B2, B3, B6, B7, B8, B9, B10, B11, B12, B13, C1, C2, C3, C4, C5, C7, C8, C9, C10, C11, D1, D2, D4, D5, D6, D7, E1, E2, E3, E4, E5, E6, E7, E8, E9, E10, E12, E13, E14, E15, E16, F1, F2, F3, F4, G2, G3, G5, G6, H1, H2, H3, H4, H5, H6, H7, H8, H9, H10, H12, H13, J1, J2, J3, J4, J5, J6, J7, J9, K1, K2, K3, K6, K7, K8.

*Official Signature _____ CEO Staff Conference Official **Date signed:** 4/26 4/27 4/28

*Official signature required **ONLY** for **LPC, NHA & OH-SW**. Complete form, obtain signature at Registration Desk as you leave the Conference.