

**STATE BOARD OF SOCIAL WORKERS, MARRIAGE AND FAMILY THERAPISTS AND PROFESSIONAL COUNSELORS**

P.O. Box 2649  
Harrisburg, PA 17105-2649

**Telephone:** (717) 783-1389

**Fax:** (717) 787-7769

**Website:** www.dos.state.pa.us/social

**E-Mail:** st-socialwork@pa.gov

**Courier Address:**  
2601 North Third Street  
Harrisburg, PA 17110

**APPLICATION FOR INDIVIDUAL CONTINUING EDUCATION APPROVAL**

**Pennsylvania Code**

**Title 49. Professional and Vocational Standards**

**Part I. Department of State**

**Subpart A. Professional and Occupational Affairs**

This application applies to Sections 47.36(d), 48.36(d) and 49.36(d) which state "The Board may approve participation in other continuing education courses or programs for credit so long as the licensee submits, prior to attendance, an application for program approval and supporting documentation provided in §47.35, and upon completion of the course or program submits verification of attendance.

A licensee shall complete at least 30 clock hours of continuing education during the preceding biennial period. Of the 30 clock hours, 10 clock hours must be completed live in person, up to 20 clock hours may be completed in home study/on-line and 3 clock hours must be in ethics.

The Bureau of Professional and Occupational Affairs (BPOA), in conjunction with the Department of Human Services (DHS), is providing notice to all health-related licensees and funeral directors that are considered "mandatory reporters" under section 6311 of the Child Protective Services Law (CPSL) (23 P.S. § 6311), as amended, that EFFECTIVE JANUARY 1, 2015, all persons applying for renewal/reactivation of a license shall be required to complete 2 hours of Department of State or DHS approved training in child abuse recognition and reporting requirements as a condition of renewal/reactivation. Please review the Board website for further information on approved CE providers. Once you have completed a course, the approved provider will electronically submit your name, date of attendance, etc., to the Board. [Child Abuse Continuing Education Providers Information can be found here.](#)

Please review the continuing education regulations prior to the completion of this application.

Social Workers and Clinical Social Workers – Sections 47.31-47.41

**Specifically Sections 47.32, 47.33, 47.35 & 47.36(a)**

Marriage and Family Therapists – Sections 48.31 – 48.42

**Specifically Sections 48.32, 48.33, 48.35 & 48.36(a)**

Professional Counselors – Sections 49.31 – 49.42

**Specifically Sections 49.32, 49.33, 49.35 & 49.36(a)**

**Instructions:**

- (1) Continuing education programs must be directed toward the enhancement of social workers', clinical social workers', marriage & family therapists' and professional counselors' knowledge and practice skills related to helping people achieve adequate and productive personal, interpersonal, and social adjustments in their individual lives, families, and community. The Board will not approve continuing education programs in office management or in marketing the practice.
- (2) The application must be submitted **at least one day** (may be faxed and the original application mailed or the application post marked) before the date the course or program commences. The program is only approved for the individual licensee requesting approval. **Please allow at least 30 days processing for Board review after a completed application has been received. Please note: During periods of high volume average processing times may be extended.**
- (3) The application must be **typed or printed legibly only**. All questions must be answered completely or the application may be denied.

## **IMPORTANT INFORMATION:**

### **DEFINITIONS:**

**PUBLISHED ARTICLES** – Published in a professional journal or professional magazine.

**PUBLISHED CHAPTER** – Published in a professional text relevant to social work, marriage and family therapy and professional counseling.

The Board has determined that a webinar is considered a live course if the licensee can interact with the instructor in real time and the instructor responds in real time.

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**OFFICIAL USE ONLY**

Reference Number: \_\_\_\_\_  
Approval Number: SWICE  
Receipt Number: \_\_\_\_\_

**APPLICATION FOR INDIVIDUAL CONTINUING EDUCATION APPROVAL**

- a. Submit a \$45.00 check or money order made payable to "Commonwealth of PA." **Application fees are not refundable.** If your application is not complete within one year from the date of submission, you will be required to submit another application fee. A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment. **(Payment of an application processing fee does not guarantee approval.)**
- b. This form must be **typed or printed legibly only.** All questions must be answered completely or the application may be denied.
- c. Application deadlines:
  - Individual Course Approval – must be submitted (application may be faxed and then the original application mailed or application must be post marked) up to 1 day prior to attending the course.
  - Published Articles – must be submitted during biennial renewal period published.
  - Program Presenter – including Lectures, College or University Courses – must be submitted (application may be faxed and then the original application mailed or application must be post marked) up to 1 day prior to presentation of the course.
  - Instructor of college/university course (**first time teaching a course**) – must be submitted (application may be faxed and then the original application mailed or application must be post marked) up to 1 day prior to teaching course.

**IT IS YOUR RESPONSIBILITY TO MAINTAIN A COPY OF THIS APPLICATION AND ALL DOCUMENTS SUBMITTED TO OR RECEIVED FROM THE BOARD FOR YOUR FUTURE REFERENCE.**

**Requesting approval for (check one). Please indicate number of continuing education hours requested. Please indicate whether the course is live, home study/on-line or webinar.**

- Individual Course Approval
- Published Article
- Program Presenter
- Instructor – first time teaching (college/university course)

Number of Hours requested: \_\_\_\_\_

- Live
- Home study/on-line
- Webinar Description \_\_\_\_\_

1. Applicant Name: \_\_\_\_\_
2. Applicant License number: \_\_\_\_\_
3. Telephone number: Work (\_\_\_\_) \_\_\_\_\_
4. Address: \_\_\_\_\_
5. E-Mail address: \_\_\_\_\_
6. Course title/published article title/program title/college-university course name: \_\_\_\_\_  
\_\_\_\_\_
7. Date of publication/date of program: \_\_\_\_\_

**Please answer additional questions on page 2.**

8. Individual Course approval – attach the following:
- Detailed time schedule of program
  - List of presenters
  - Copy of course content
  - Course objectives
  - Copy of promotional materials (if available)

Program provider: \_\_\_\_\_

Program provider address: \_\_\_\_\_

Location of program: \_\_\_\_\_

9. Published Article/Chapter Application – attach the following:

- Copy of published article or chapter  
AND
- Complete APA reference  
OR
- The date of publication and publisher or the article, name of chapter or book.

10. Program Presenter – attach the following:
- Detailed time schedule of program
  - List of presenters' names, titles, affiliations and degree(s)
  - Copy of course content
  - Copy of course objectives
  - Brief description of qualifications to teach the course/program
  - Copy of promotional materials (if available)

11. Instructor of College/University Course Application (first time teaching) – attach the following:

- Letter from university identifying the following:
  - a. the course prefix, number and title
  - b. the dates, time and place of teaching; and
  - c. the number of credits
- Copy of course description
- Copy of syllabus

**Verification**

I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities and may result in the suspension or revocation of my approval. I verify that this form is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information pursuant to 18 Pa. C.S. §4911.

Signature of licensee: \_\_\_\_\_

Date: \_\_\_\_\_