

Association of Social Work Boards

**Approved Continuing Education Program**

**ACE Provider Renewal *Application***

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| **Instructions** |
| This application is used for providers electing to renew their ACE provider approval for a three-year approval period. The organizations approval status remains active if the complete renewal application, required attachments, and payment are received by ACE by the renewal due date. ACE may audit and request course samples or materials in addition to what is requested in the renewal application at any time during the approval period. All information requested by ACE must be provided by the due date specified by ACE to maintain approval. Note: Providers cannot add a new format during renewal. If you wish to add a format, you must submit an [add format application](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.aswb.org%2Fwp-content%2Fuploads%2F2021%2F12%2FACE-provider-Add-format-application.docx&wdOrigin=BROWSELINK) and add format fee to ace@aswb.org.Submit all application materials to ace@aswb.org.**ACE Standards**Review the [ACE handbook](https://www.aswb.org/wp-content/uploads/2021/01/ACE-Handbook-FINAL.pdf) to ensure your organization and courses meet ACE standards. Renewal application fees are non-refundable.**Fee worksheet and payment form:** Complete and submit this form located in the [appendix](https://www.aswb.org/licenses/ace-approved-continuing-education/ace-approval-types/provider-approval/applying-to-be-an-ace-provider/ace-provider-appendix/) of the ACE handbook. **Renewing provider agreement**: Complete and submit this form located in the [appendix](https://www.aswb.org/licenses/ace-approved-continuing-education/ace-approval-types/provider-approval/applying-to-be-an-ace-provider/ace-provider-appendix/) of the ACE handbook. For questions or more information, contact ACE at ace@aswb.org. |

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| ACE provider information |
| **ACE provider name:** Click or tap here to enter text. |
| **ACE provider #:** Click or tap here to enter text. |
| **Organization Physical Address:** Click or tap here to enter text.**Organization Mailing Address:** Click or tap here to enter text.**Organization Website:** Click or tap here to enter text. |
| **Has the organization/program been denied accreditation/certification or approval or had accreditation or certification, or approval revoked?**[ ] Yes [ ] No**If yes, explain below:**Click or tap here to enter text. |
| **ACE provider staff**  |
| **Primary Contact** **Name:** Click or tap here to enter text.**Is this a change?** [ ] Yes [ ] No**Job Title:** Click or tap here to enter text.**Email address:** Click or tap here to enter text.**Phone Number:** Click or tap here to enter text. |
| **Continuing Education Director****Name:** Click or tap here to enter text.**Is this a change?** [ ] Yes [ ] No**Job Title:** Click or tap here to enter text.**Email address:** Click or tap here to enter text.**Phone Number:** Click or tap here to enter text.**If licensed:****Jurisdiction(s) & License #(s):**Click or tap here to enter text.**Field of license(s):**Click or tap here to enter text.**Has the continuing education director ever been sanctioned, formally disciplined, had any formal action taken on his/her professional license(s), had a license/certificate revoked, suspended, or limited, or had a stipulation agreement on license/certification?**[ ]  **Yes** [ ]  **No****If yes, provide specific details and the current status of the license(s):** Click or tap here to enter text. |
| **Social Work Consultant (Licensed)****Name:** Click or tap here to enter text.**Is this a change?** [ ] Yes [ ] No**Job Title:** Click or tap here to enter text.**Email address:** Click or tap here to enter text.**Phone Number:** Click or tap here to enter text.**Jurisdiction(s) & License #(s):**Click or tap here to enter text.**Field of license(s) (At least one must be a social work license):**Click or tap here to enter text.**Has the social work consultant ever been sanctioned, formally disciplined, had any formal action taken on his/her professional license(s), had a license/certificate revoked, suspended, or limited, or had a stipulation agreement on license/certification?**[ ]  **Yes** [ ]  **No****If yes, provide specific details and the current status of the license(s):** Click or tap here to enter text. |
| Approved delivery formats |
| Currently Approved | Format | Renewing |
|[ ]  In-person | [ ]  Yes [ ]  No |
|[ ]  Synchronous distance learning | [ ]  Yes [ ]  No |
|[ ]  Recorded asynchronous distance learning | [ ]  Yes [ ]  No |
|[ ]  Reading-based asynchronous distance learning | [ ]  Yes [ ]  No |
| Provide the total number of courses or conference sessions offered in the last approval period: Click or tap here to enter text.**Provide the total number of courses paid for when approved/ last renewal:** Click or tap here to enter text.*Note: If the organization offered more courses/conference sessions than were paid for with the last approval/renewal, the difference in fees must be paid for at renewal (see the ACE provider fee worksheet and payment form for specific details).* |
| Continuing education program |
| **Select all that apply to the provider’s development, delivery, and administration of continuing education.**[ ] Develops and presents CE courses solely for your own employees[ ]  Develops and presents CE courses to professionals outside of your organization[ ]  Develops CE courses and contracts with other organizations to deliver courses to the staff of the other organizations[ ]  Cosponsors courses with other organizations/individuals (works other organizations or individuals in developing, presenting, and/or administering CE courses) Note: ACE has specific standards related to cosponsorship of courses offering ACE credit. Reference standard 5.3 in the ACE handbook.[ ] Other (please explain) Click or tap here to enter text. |
| Promotion and advertising |
| **List the types of promotional material used to advertise, announce, or promote course(s) offered for ACE credit. (fliers, brochures, social media, email, websites, etc.)**Click or tap here to enter text.**List the specific website(s) address(es) currently used to promote courses offered for ACE credit.**Click or tap here to enter text. |
| Evaluation and quality |
| **How does the organization use participant evaluations to improve courses?**Click or tap here to enter text. |
| **How does the organization apply participant course evaluations to develop/modify the overall program?**Click or tap here to enter text. |
| **Grievances** |
| **Has the organizations grievance policy changed since approval/ last renewal?** [ ]  **Yes** [ ]  **No****If yes, provide specific details about the changes and explain why the changes were made:** Click or tap here to enter text. |
| **Ownership** |
| **Has ownership of the CE program changed since approval/ last renewal?** [ ]  **Yes** [ ]  **No****If yes, was ACE notified of the ownership change via the applicable change form when the change occurred?**[ ]  **Yes** [ ]  **No****If no, complete and submit the closing or selling the business form located in the** [**appendix**](https://www.aswb.org/licenses/ace-approved-continuing-education/ace-approval-types/provider-approval/applying-to-be-an-ace-provider/ace-provider-appendix/) **of the ACE handbook in the change form section.**  |
| Course list |
| Required with the renewal application is a list of courses and conferences offered during the current approval period for ACE credit. Providers may use the excel template located in the [appendix](https://www.aswb.org/licenses/ace-approved-continuing-education/ace-approval-types/provider-approval/applying-to-be-an-ace-provider/ace-provider-appendix/) of the handbook to list courses and conferences or providers may use their own format if the following required information from the list below is provided.**List of courses*** Course title
* ACE specific course delivery format(s) (reference standard 5.1 in the ACE handbook)
* Course date(s) (if live in-person or live distance learning)
* ACE CE credit amount
* Credit type
* Number of certificates awarded with ACE credit
* Identify if the course was a hybrid (integrates two or more delivery formats)
* Identify if the course was offered as a conference session and, if so, provide the conference title
* Identify if the course or conference was cosponsored and, if so, list the name of the cosponsor

**List of conferences** * Conference title
* Conference date(s)
* Total number of social work credits possible for full attendance
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| Attachments/ required documentation |
| * Course and conference list
* Current grievance policy
* List of grievances received during last approval period (if any) including date of grievance, description of grievance, resolution/results of grievance review and any CE program changes made (if any) as result of the grievance
* Resume and licenses for current social work consultant and/or CE director, if new to the position
* List of all individuals that held the CE director and social work consultant role during the last approval period (include names, license number, type, and jurisdiction, and dates the individual held the role).
* Provide an attendance certificate (name redacted) that was awarded to a social worker with ACE credit for each course delivery format approved and offered in the last approval period
* Provide an attendance certificate (name redacted) that was awarded to a social worker with ACE credit for a conference (if any) held in the last approval period.
* Completed closing or selling the business form if ownership changed during the last approval period. This is required if the form was not submitted to ACE at time of the ownership change.
* Signed renewing provider agreement (located in the ACE Handbook [appendix](https://www.aswb.org/licenses/ace-approved-continuing-education/ace-approval-types/provider-approval/applying-to-be-an-ace-provider/ace-provider-appendix/))
* Fee worksheet and payment form (located in the ACE Handbook [appendix](https://www.aswb.org/licenses/ace-approved-continuing-education/ace-approval-types/provider-approval/applying-to-be-an-ace-provider/ace-provider-appendix/))
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