

Association of Social Work Boards

**Approved Continuing Education (ACE) Program**

***Prequalification Request***

|  |  |  |
| --- | --- | --- |
| **Instructions** | | |
| **CE providers interested in applying to ACE to become an ACE provider or to submit courses for individual course/conference approval must complete a request for prequalification and pay a fee. ACE will then make an eligibility determination, required before a CE provider may apply for provider or individual course/conference approval.** | | |
| 1. **Applicant Information**   **The name listed as the Applicant’s Continuing Education Provider Name is the name used when promoting courses and listed in the ACE approval statement. The fields identified with an \* below are included in ACE public listings/websites.** | | |
| 1. **Applicant Continuing Education Provider Name \*:** Click or tap here to enter text. 2. **Applicant Physical Address \*:** Click or tap here to enter text. 3. **Applicant Mailing Address \*:** Click or tap here to enter text. 4. **Applicant Website Address \*:** Click or tap here to enter text. 5. **Customer Service Phone number \*:** Click or tap here to enter text. | | |
| 1. **Is the continuing education provider a unit, department, or branch within an organization?**   Yes No  If yes, complete 7 and 8 below   1. **What is the organization name (if different from the CE provider name)?**   Click or tap here to enter text.   1. **Address of unit, branch, department, etc. (if different from the applicant address):**   Click or tap here to enter text. | | |
| 1. **What type of application(s) do you want to submit to ASWB ACE?**   ACE provider application  ACE individual course/conference application  Both  If ACE provider application or both, complete 10.   1. **For CE providers seeking to become an ACE provider, has the provider planned and presented at least three educational activities appropriate for social workers as outlined in ACE application eligibility standard 3.1?**   Yes No | | |
| 1. **Year started operation:** Click or tap here to enter text. | | |
| 1. **Year started offering continuing education:** Click or tap here to enter text. | | |
| 1. **Applicant’s overall organization description:** Click or tap here to enter text. | | |
| 1. **Applicant’s overall social work CE program description:**   Click or tap here to enter text. | | |
| 1. **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 methods not listed above (please explain) Click or tap here to enter text. | | |
| 1. **Applicant Overview** | | |
| 1. **Business type**   *Select the option that best applies* |  |  |
| Accredited school/college  Corporation  For Profit  Not for profit |  | Government or State Agency  Other (Explain below)  Click or tap here to enter text. |
| 1. **If the applicant currently offers CE courses under another name, or has offered CE courses under another name, list the name(s) here and describe the relationship:**   Click or tap here to enter text. | | |
| 1. **List all website addresses on which the applicant advertises, lists or promotes courses for continuing education credit:**   Click or tap here to enter text. | | |
| 1. **Has the applicant’s organization/CE program been approved as a continuing education provider by another approval/accrediting organization?**   Yes No  If yes, list the names of the approval entities below:  Click or tap here to enter text. | | |
| 1. **Has the organization/CE program ever been denied accreditation/certification or approval or had accreditation or certification, or approval revoked?**   Yes No  If yes, explain: Click or tap here to enter text. | | |

|  |
| --- |
| 1. **Applicant’s CE Program Staff** |
| 1. **Primary Contact:** Click or tap here to enter text.   **Name:**Click or tap here to enter text.  **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. |
| 1. **Continuing Education Director Name:** Click or tap here to enter text.   **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:** Click or tap here to enter text.  *Note: A copy of a consent agreement or other documentation may be required by reviewers after initial review of application is completed.* |
| 1. **How does the organization satisfy ACE Social Work Consultant or Social Work Planner requirements?**   *If applying for ACE provider approval, skip to question #4.*  ACE individual course approval applicants (select one)  Has a licensed social worker to serve as an overall Social Work Consultant for our CE program  -OR-  Has one or more licensed social workers assigned as the Social Work Planner or planners for each course we want to offer for social work credit  -OR-  Uses both an overall social work consultant and has licensed social work planners for each course we want to offer for social work credit. |

|  |  |
| --- | --- |
| 1. **Social Work Consultant Information *(current license in good standing required)***   *Only complete the information below if the organization has a social work consultant*  **Name:** Click or tap here to enter text.  **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) & Social Work license #(s):** 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: Click or tap here to enter text.  Note: A copy of a consent agreement or other documentation may be required by reviewers after initial review of application is completed. | |
| 1. **If your Continuing Education Director and Social Work Consultant (or Social Work Planner, if you only have one) is the same person, your organization must attest that you meet the following requirements, outlined in standard 3.2 in the ACE Handbook.**   When the same person serves as the CE director and social work consultant or planner, the CE provider must attest that they have another licensed social worker or an advisory committee/CE committee of two or more behavioral health or healthcare professionals and that includes at least one licensed professional in a behavioral health field (other than the CE Director, if they serve on the committee) that will consult with the CE director, when needed, to mediate complaints brought on by social workers that escalate to formal grievances.  **By checking this box, you confirm the continuing education provider meets this ACE requirements** | |
|  | | |
| 1. **Attachments and Required Documentation** | | |
| **The items listed below must be included with the pre-qualification application.**  Note: If you have a social work planner or planners or an advisory committee, you do not need to submit their resumes or copies of their licenses with this prequalification application.   1. **Continuing Education Director’s resume** 2. **Copies of all licenses held by the Continuing Education Director, if licensed** 3. **Social Work Consultant resume (if your organization has a social work consultant)** 4. **Copies of all licenses held by the social work consultant (if your organization has a social work consultant)** 5. **$25.00 Pre-Qualification Fee** | | |
| 1. **Applicant Attestations** | | |
| I certify that the information provided herein is accurate. I certify that I have read and understand all ASWB ACE program requirements. I certify that I will ensure that my organization will abide by all the criteria outlined by the ASWB ACE Program, including ACE standards, requirements, and best practices for continuing education as described in the ASWB ACE Handbook.  I understand that the pre-qualification request fee and payment thereof is non-refundable, and that submittal of an organization pre-qualification request does not guarantee my organization will be found to meet pre-qualification criteria.  I understand that my organization must be determined by ASWB ACE to meet ASWB ACE pre-qualification requirements before ACE will review any provider or individual course or conference applications that I have already submitted and/or plan to submit.  I further understand that being found to meet the pre-qualification requirements is not the same thing as ACE provider approval or individual course approval. I further understand that my organization cannot refer to itself as an ACE provider unless I submit the separate application that is required for ACE provider approval, and we have been specifically approved as an ACE provider.  *NOTE: This attestation must be signed by the person designated as the CE Director* | | |
| **Signature:** | **Date:** Click or tap here to enter text. | |
| **Name:** Click or tap here to enter text. | **Title:** Click or tap here to enter text. | |