Association of Social Work Boards **Approved Continuing Education (ACE) Individual Course/Conference Application**

***Section I - Application Cover Page***

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| **A. Organization Information** |
| **1. CE provider Name:**Click or tap here to enter text. |
| **2. Organizational Address:**Click or tap here to enter text. |
| **3. Organization Website Address:**Click or tap here to enter text. |
| **4. Has your organization ever had an individual course or conference approved by ACE or the previous NJ CE Course Approval Program?** [ ]  **Yes** [ ]  **No****Is your organization currently approved as an ACE provider?** [ ]  **Yes** [ ]  **No** **If yes, enter ACE Provider number:** Click or tap here to enter text.*(If answered no to both questions, complete the pre-qualification request form and submit it with applicable**fees either before you submit this application)* |
| **B. Primary Contact for This Application** |
| **First Name:** Click or tap here to enter text. | **Last Name:** Click or tap here to enter text. |
| **Title:** Click or tap here to enter text. |
| **E-mail Address:** Click or tap here to enter text. |
| **Telephone:** Click or tap here to enter text. |
| **C. Conferences** |
| **Are you requesting approval of a conference with this application?** [ ]  **Yes** [ ]  **No***(If yes, you must answer the questions on Page 2 of this document)* |
| **D. Provider Attestations** |
| I certify that the information provided herein is accurate. I certify that my organization agrees to abide by all of the criteria outlined by the ASWB ACE Program, including requirements and best practices for continuing education as described in the ASWB ACE Handbook. I understand that the selection of the enclosed application fees and payment thereof is non-refundable, and that submittal of an application does not guarantee approval. Further, I acknowledge that approved courses and conferences can be offered an unlimited number of times during the two-year approval period as long as there are no unapproved changes. I understand that ACE individual course or conference credit cannot be offered for the courses or conferences submitted with this application prior to approval. I understand that if my organization wants to make any changes to an individually approved course or conference after it is approved we must submit a course/conference change request application to ACE and receive approval before we can offer the modified course or conference for ACE individual course or conference credit. I understand that backdating of CE approval is prohibited. |
| **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. |

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| **E. Courses Included in Application** |
| **1. Organization Name:** Click or tap here to enter text. |
| **2. How many courses/conference sessions are submitted for approval application?** Click or tap here to enter text. |
| **3. List all courses/conference sessions below.** Indicate if the course/conference session is new or if approval is being renewed. If renewing, include the original course number assigned at the time of approval. Use the ***Section I- Additional Courses Attachment*** form to add more courses to your application if more than 10 courses/conference sessions are beingsubmitted. |
| **Course Title #1:** Click or tap here to enter text.[ ]  New [ ]  Renewal If renewal, previous course #: Click or tap here to enter text. |
| **Course Title #2:** Click or tap here to enter text. [ ]  New [ ]  Renewal If renewal, previous course #: Click or tap here to enter text. |
| **Course Title #3:** Click or tap here to enter text.[ ]  New [ ]  Renewal If renewal, previous course **#:** Click or tap here to enter text. |
| **Course Title #4:** Click or tap here to enter text.[ ]  New [ ]  Renewal If renewal, previous course #: Click or tap here to enter text. |
| **Course Title #5:** Click or tap here to enter text. [ ]  New [ ]  Renewal If renewal, previous course #: Click or tap here to enter text. |
| **Course Title #6:** Click or tap here to enter text.[ ]  New [ ]  Renewal If renewal, previous course #: Click or tap here to enter text. |
| **Course Title #7:** Click or tap here to enter text. [ ]  New [ ]  Renewal If renewal, previous course #: Click or tap here to enter text. |
| **Course Title #8:** Click or tap here to enter text. [ ]  New [ ]  Renewal If renewal, previous course #: Click or tap here to enter text. |
| **Course Title #9:** Click or tap here to enter text.[ ]  New [ ]  Renewal If renewal, previous course #: Click or tap here to enter text. |
| **Course Title #10:** Click or tap here to enter text.[ ]  New [ ]  Renewal If renewal, previous course #: Click or tap here to enter text. |

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| **F. Required Conference Information** |
| **If requesting approval of a conference, include this page with your application.** |
| **1. Conference Title:** Click or tap here to enter text. |
| **2. Conference Dates:** Click or tap here to enter text. |
| **3. Conference Location:** Click or tap here to enter text. |
| **4. Total Number of Conference Sessions:** Click or tap here to enter text. |
| **5. Sessions are:** [ ] Concurrent [ ] Nonconcurrent [ ] Both concurrent & Nonconcurrent |
| **6. Total number of conference sessions submitted with this application:**Click or tap here to enter text. |
| **7. Total number of continuing education credits offered to social workers for attendance at this conference:**Click or tap here to enter text. |
| **8. List all website addresses used to promote this conference or used for conference registration:**Click or tap here to enter text. |
| **9. Overall Conference Goal:**Click or tap here to enter text. |
| **10. Indicate that the following required items are submitted with this application cover page:** [ ] Overall Conference Brochure[ ] Overall Conference Evaluation[ ] Overall Conference Certificate\**(\*Conference certificate is not required if the provider is offering one certificate per session, which should be submitted with the individual conference session applications.)* |