APPLICATION
SCHOOL OF SOCIAL WORK CONTINUING EDUCATION CO-SPONSORSHIP

Name of Sponsoring Organization/ Agency or University School/ Department: ______________________

____________________________________________________________________________________

Program Title: _________________________________________________________________________

____________________________________________________________________________________

Program Date(s): _____________________________________________________________________

Program Location: _____________________________________________________________________

Please answer the following:

1. Has this program been previously offered for CE Credit? ____Yes ______ No

2. Course information: ____enclosed as required

3. Method of CE Certification payment: (general fee $10/ program day; see Policy)
   ____ single check from CE Program Sponsor to University of Pittsburgh
   ____ departmental transfer ____ waiver requested (reason: _____________________________)

4. Number of Hours requested: ____ (Hours are the actual clock hours that participants are in educational programming, excluding major breaks. Total credit hours must be in whole or half hour units, with a minimum of 2.0 hours.)

Contact Person / Date _______________ Phone # _______________ FAX # _______________

For Pitt SSW/CE use only: ____ Approved (Initials) ______ Number of hours

Social Work Program Area(s):

____ General Social Work ______ Employee Assistance Program
____ Clinical Practice ______ Children & Youth
____ Gerontology ______ Community Building
____ Administration/ Supervision ______ Cultural Diversity
____ Family Therapy ______ Health-Related
____ Substance Abuse ______ Other: _____________________________________________

rev. 4/2007
LETTER OF AGREEMENT
CO-SPONSORSHIP OF SOCIAL WORK CONTINUING EDUCATION

This agreement is between the University of Pittsburgh School of Social Work
AND

(name of program sponsor):

___________________________________________________________________________________________________

We hereby agree to co-sponsor the below identified program for social work continuing education
with the University of Pittsburgh School of Social Work:
Sponsoring Organization Name: ________________________________________________________________________
Address: ___________________________________________________________________________________________
________________________________________________________________________________________ ___________
Phone #: (       ) _______________________________email: __________________________________________________
Program Title: ________________________________________________________________ _______________________
Date(s):_____________________________________________________________________________________________
Location: ____________________________________________________________________ ________________________
Presenter(s)/ Faculty: ___________________________________________________________________________________
_____________________________________________________________________________________ ________________

We further agree to the following continuing education co-sponsorship conditions:

1. Printed marketing materials will use the following statement and clearly identify the School co-sponsorship role:
   This program is offered for ___ hours of social work continuing education through co-sponsorship of the University
   of Pittsburgh’s School of Social Work, a Council on Social Work Education-accredited school and, therefore, a PA
   pre-approved provider of social continuing education. These credit hours satisfy requirements for LSW/LCSW, LPC
   and LMFT biennial license renewal. For information on social work continuing education call (412) 624-3711.
2. Program sponsor will maintain attendance roster and provide list of attendees to the School of Social Work with
   the name, address, and, as feasible, phone number and emails, of each person requesting social work CE hours.
3. An evaluation summary of the program will be provided to the School of Social Work when available.
4. A representative of the School of Social Work Continuing Education Office may attend the program to monitor
   compliance with co-sponsorship policies.
5. Program sponsor will submit one check (payable: “University of Pittsburgh”) to cover the total certification fee OR
   arrange for interdepartmental transfer of that fee. The certification fee for this program will be $10.00 per person.
6. The School of Social Work, based on compliance with policies and conditions, will maintain appropriate records
   for PA LSW licensure renewal.

_________________________________________            _____________________________________
Signature/ Date- Sponsoring Organization             Signature/ Date- School of Social Work
Name: ___________________________________               Tracy M. Soska, LSW
Title: ____________________________________               Continuing Education Director

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