



***NASW Washington State Chapter
Approved Provider Event Report Form
Two (2) year unlimited***

*Please return this form along with requisite materials listed below with forty-five (45) days of **each** CE granting events sponsored by your agency/organization.*

Organization Name: _____

Provider #: _____ Contact Person: _____

Address: _____
Street Address City State Zip

Phone: _____ Email: _____

Name of Event: _____ Date of Event: _____

Approved provider Checklist:

- p Verify that each Contact Hour given reflects sixty (60) minutes of instruction;
- p Verify that you, the Approved Provider, provided each participant with a certificate or document that includes;
 - your agency/organizational name (on the top of the certificate),
 - participant's name,
 - name of the activity (workshop, conference, etc.),
 - number of CE contact hours,
 - date(s) of activity,
 - your NASW provider number,
 - and the signature of the verifying individual
- p Verify that you provided a program evaluation form for each attendee.

Included in this packet of materials:

- p a copy of the workshop promotional brochure, including measurable objectives and the credentials of the presenter(s) along with other materials,
- p a copy of each evaluation or a composite of the evaluations, and
- p the **SIGN-IN SHEET** of attendees. (This is very important)

I verify that we have been in compliance with the National Association of Social Workers - Washington Chapter continuing education rules and regulations.

Signature

Date

Thank you for your thoroughness in documenting your CE event.