

2020 Virtual Conference CE Recording Form / Certificate of Attendance

Complete, sign & return a copy of NASW WV by Sept. 30th ♦ Keep a copy of the completed form for your records

NAME _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

LICENSE TYPE (check all that apply) Social Work LPC CAC WV Nurse NHA Other (list type): _____

LICENSE NUMBER/s (list all that apply) _____ & STATE (list all that apply) WV Ohio Other (list) _____

APPROVED PROVIDER NAME **National Association of Social Workers, West Virginia Chapter**

PROVIDER: WV SW 490013; OH SW #333350-090920.; LPC WV BEC-090920; NAB 20210908-15.50-A69531-DL; CAC AP07-100; WV RN WV2012-0580RN

COURSE DESCRIPTION/TITLE **2020 Virtual Continuing Education Conference for Social Workers**

COURSE DATE(S)/LOCATION **September 9, 10 & 11, 2020**

Instructions: Write in session numbers/titles ♦ Check events you attended ♦ Total your hours below ♦ Submit form as instructed

Wednesday, September 9, 2020

1 hour Opening Speaker: _____

1.5 hrs 'A' Session *Enter # & Title:* _____

2 hours 'B' Session *Enter # & Title:* _____

1 hour 'C' Session *Enter # & Title:* _____

2 hours 'D' Evening Session *Enter # & Title:* _____

Thursday, September 10, 2020

1 hour 'E' Session *Enter # & Title:* _____

1.5 hrs 'F' Session *Enter # & Title:* _____

2 hours 'G' Session *Enter # & Title:* _____

1 hour 'H' Session *Enter # & Title:* _____

2 hours 'J' Evening Session *Enter # & Title:* _____

Friday, September 11, 2020

1 hour 'K' Session *Enter # & Title:* _____

2 hours 'L' Session *Enter # & Title:* _____

1.5 hrs 'M' Session *Enter # & Title:* _____

1 hr Closing Speaker: _____

Bonus 1 hr Exhibitor Networking: *Check only if you participated for at least 60 minutes*

ENTER TOTAL CONTACT HOURS EARNED _____

CERTIFICATION "I hereby attest and certify that I attended and completed the continuing education contact hours indicated above. I understand that knowingly falsifying continuing education records can result in disciplinary action, including suspension or revocation of my license."

YOUR SIGNATURE _____ **DATE** _____

Maintain/submit CE records as required by your professional CE regulations. Keep a copy for your records.

Instructions: COMPLETE this form & RETURN A COPY to NASW WV by Sept. 30th

Return a copy by Sept. 30th to: **Mail:** NASW WV, 1608 Virginia St., Charleston, WV 25311 **Fax:** 304-720-3766 **Email:** lratliff.naswv@socialworkers.org

- **WV Licensed Social Workers:** Up to 21.5 hours approved for attending opening & closing speakers, sessions in each time period, and participating in exhibitor networking opportunities. **1.** Complete this form. **2.** Fax/Email/Mail a copy by Sept. 30th to NASW WV.
- **OH Social Workers:** Up to 20.5 hours approved by NASW Ohio Chapter (*Exhibitor networking excluded*). **1.** Complete this form. **2.** Fax/Email/Mail a copy by Sept. 30th to NASW WV.
- **DC, KY, MD, PA & VA Social Workers:** NASW CE hours are generally accepted. Certain topics may be excluded. Report hours as instructed by your board.
- **WV Licensed Professional Counselors:** Up to 18.5 hours for attending approved sessions (*Excluded are opening & closing speakers & exhibitor networking*). See list of approved sessions at www.NASWWV.org **1.** Complete this form. **2.** Fax/Email/Mail a copy by Sept. 30th to NASW WV.
- **Nursing Home Administrators:** **1.** Complete this form. **2. Add your NAB ID# so we can record your hours.** **3.** Fax/Email/Mail a copy by Sept. 30th to NASW WV. *This program has been approved for Continuing Ed for 15.50 total participant hours by NAB/NCERS-Approval #20210908-15.50-A69531-DL.* Approved: A4, B3, C3, D2, F2, H2, J2, K4, L5, M3.
- **WV Gerontology Practitioner (GPC) Certificate** Approval pending. Contact NASW WV or the WVU School of Social Work at a later date.
- **WV Addictions Professionals:** Up to 20.5-hours approved (*Exhibitor networking excluded*). **1.** Complete this form. **2.** Fax/Email/Mail a copy by Sept. 30th to NASW WV. NASW WV is an Institutional Provider approved by the WV Certification Board for Addiction & Prevention Professionals. Prepare to report addition specific hours on your recertification application.
- **WV Registered Prof. Nurses:** Up to 18.5 hours for attending approved sessions (*Excluded are opening & closing speakers & exhibitor networking*). See list online at www.NASWWV.org NASW WV is recognized by the WV Board of Examiners for Registered Professional Nurses (WV2012-0580RN).
- **Optional Certificate of Attendance:** If you ordered & paid for an optional Certificate of Attendance and have not already done so: **1.** Complete this form. **2.** Fax/Email/Mail a copy by Sept. 30th to NASW WV.

Official Signature _____ CEO Staff Conference Official **Date** _____