

## APPLICATION FOR COURSE APPROVAL-STATE COMMITTEE FOR SOCIAL WORKERS

<input type="checkbox"/> INITIAL COURSE APPROVAL <input type="checkbox"/> RENEWAL		
<p><b>INSTRUCTIONS:</b> Pursuant to 20 CSR 2263-2.082, the course owner must use this application form when applying for course approval through the State of Missouri. A SEPARATE APPLICATION FORM MUST BE FILED FOR EACH COURSE SUBMITTED FOR APPROVAL. All items on the form must be completed (enter "N/A" for any item that is not applicable) and <b>all</b> required attachments must be submitted with the application. There is no fee for course approval. <i>Once an application for approval has been granted, reapproval is not required for each subsequent presentation so long as the educational activity has not changed. If any portion of the activity has changed, reapplication must be made.</i></p> <p><b><u>Per 20 CSR 2263-2.082 all forms must be submitted at least thirty days prior to the date the program is expected to be offered. APPLICATIONS SUBMITTED LESS THAN TWO (2) WEEKS PRIOR TO THE DATE OF THE COURSE WILL NOT BE CONSIDERED.</u></b></p>		
NAME OF APPLICANT/ORGANIZATION		
MAILING ADDRESS		
CONTACT PERSON	PHONE NUMBER	EMAIL
WEBSITE		
COURSE TITLE AND NUMBER		
INSTRUCTOR(S)		
OWNER OF COURSE MATERIALS	NUMBER OF CLASSROOM HOURS	NUMBER OF EXAM HOURS
DATE OF COURSE	LOCATION	
<b>METHOD OF PRESENTATION:</b> <input type="checkbox"/> Traditional Classroom <input type="checkbox"/> Correspondence <input type="checkbox"/> Internet <input type="checkbox"/> Videotape <input type="checkbox"/> Remote TV <input type="checkbox"/> Computer		
<b>REQUIRED ATTACHMENTS:</b> <input type="checkbox"/> Instructor Qualification Form & Resume/Bio <input type="checkbox"/> Copy of Completion Certificate <input type="checkbox"/> Course Description <input type="checkbox"/> Policy for Tracking Attendance and Recordkeeping <input type="checkbox"/> Detailed Course Outline <input type="checkbox"/> Copy of Evaluation Form <input type="checkbox"/> Learning Objectives <input type="checkbox"/> Names of individuals on planning committee (one must be a degreed social worker)		

Submit completed application and attachments to:  
 State Committee for Social Workers  
 P.O. Box 1335  
 Jefferson City, MO 65102  
 Phone: 573-751-0885  
 Fax: 573-526-3489  
 Email: [lcsw@pr.mo.gov](mailto:lcsw@pr.mo.gov)

**INSTRUCTOR INFORMATION FORM**  
**INSTRUCTOR INFORMATION**

**1. PROOF OF QUALIFICATIONS MUST BE ATTACHED.**

(All applications must be accompanied by a full resume/bio)

2. Name of Instructor: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Business Phone: \_\_\_\_\_

Business Fax: \_\_\_\_\_

3. Name and address of school/organization for which you will instruct:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

4. Title of program/course or portion of program/course to be taught by the instructor:

\_\_\_\_\_

5. Total Hours: \_\_\_\_\_

6. Has the instructor ever been refused approval or denied a license to teach, or has such approval or license been suspended, revoked or subject to discipline?

YES    NO   (If "yes", attach an explanation)

7. Has the instructor ever been subject to disciplinary action by the State Committee for Social Workers?

YES    NO   (If "yes", attach an explanation)

8. Education:

School	From		To		Degree Earned	Subject
	Month	Year	Month	Year		

9. Teaching Experience

School	From		To		Subject Matter
	Month	Year	Month	Year	

10. I hereby affirm and swear that the information submitted with this application is true and accurate and that no willful omissions have been made.

\_\_\_\_\_  
(Signature of Instructor)

\_\_\_\_\_  
(Date)