

# INSTRUCTIONS FOR COMPLETING CONTINUING EDUCATION AUDIT

## CSWMFT BOARD

50 West Broad Street, Suite 1075

Columbus, Ohio 43215-5919

**Audit coordinator:** Paula J. Broome

**Phone:** 614-752-5165

This audit form will to guide you through the audit process. If however you have questions, more information can be found on the Board's website. Read: **The Audit Process**, see below. For your convenience, the audit form is available on our website in active PDF format at [www.cswmft.ohio.gov](http://www.cswmft.ohio.gov) click on **Renewal Information**, click on **The Audit Process**, click on **# 4**

**MAIL or E-MAIL** your audit to the Board; attention Audit Coordinator;

**[paula.broome@cswb.state.oh.us](mailto:paula.broome@cswb.state.oh.us)**

If you cannot attach all scanned copies of your audit into **ONE** PDF file; send your audit by US Mail

- Thirty clock hours of continuing education is required for license renewal. Three of the thirty must be in ethics training.
- All Licensees and registrants **must attach copies of attendance certificates** to the audit form.
- All licensees and registrants must complete the continuing education Audit form. Both the **front and back pages must be completed**
- All licensees and registrants must attach a **copy of their current Professional Disclosure Statement** if practicing in the state of Ohio.
- Any missing hours or non-approved hours, must be completed or corrected and explained in your personal statement.
- Hopefully you received your audit in a timely manner; you have less than **thirty days to complete your audit and mail it to the Board.**

**If you renewed your license without completing the required and approved 30 CEU hours**

- You must complete the hours to comply with this audit.

**If you renewed your license and completed non-approved CEU hours**

- Complete the post program approval form along with documentation that proves the program met the requirements of 4757-9-05 (A)(2)(a) of this rule.
- Programs taken in-state are not eligible for post approval; you will need to take approved hours to replace them.

**If you cannot comply with the audit by the due date printed on your audit form.**

- Submit a personal statement explaining why (US mail, email or fax). You cannot request an extension by phone; the Board requires your explanation in writing.

**1. Name and contact information:** The address you list with the Board is a public record under Ohio's Open Records Laws: Any information you give the Board is a public record. The Board suggests you list a business address or Post office Box if you have privacy concerns.

Name:			
If this is a business address list the name of the business and dept. or mail code:			
Address:	City:	State:	Zip:
Daytime phone number:	E-Mail:		
License/Registration Number:		Last four of your SSN:	

**2. Are you practicing in the State of Ohio?** Licensees & registrants practicing in an exempt setting as a civil servant, (government employee) or not practicing within the State of Ohio are not required to submit a Professional Disclosure Statement.

Check what applies to you:				
Practicing	Not Practicing	Civil Servant	County employee	Out of State
Volunteer	Administration	Teaching	Student	Retired

4757-5-02 "Licensee and registrants shall practice only within the competency areas for which they are qualified by education and training" Licensees who are unsure of their scope of practice as it relates to their competencies can view their scope of practice on our website.

4757-21-01 scope of practice for a registered SWA	4757-21-02 scope of practice for a SW	4757-21-03 scope of practice for an LISW
4757-15-01 scope of practice for a PC	4757-15-02-01 scope of practice for a PCC	4757-27-01 scope of practice for a MFT
4757-27-01 scope of practice for a IMFT		

The standard for **specialty areas** of competencies (such as play therapy) is that you must be able to prove that you have the background, education and experience in that area in order to list it as a competency and that you have kept up to date as to new research in the specialty area in order to continue to list it as a competency.

List the competencies from your disclosure statement 4757-5-02 (2)	

## Sources of Continuing Education

**Board approved programs:** are programs that have been approved by the Board for your license type.

All CEUs taken within the State of Ohio must be Pre-Approved by the **CSWMFT Board**. Programs approved by the **CSWMFT Board** will list their approval number. Approval numbers from this Board begin with the letter **R** or the letter **M** and will also contain a letter that represents your licensure.

**S** pre-approval for **Social Workers** - **C** pre-approval for **Counselors** - **T** pre-approval for **Marriage and Family Therapists**

**Distance learning:** (i.e. home study, teleconference, and internet based programs).

Social Workers and MFTs can complete all their CEUs hours through DISTANCE LEARNING. **Counselors** may only complete **15 hours** through distance learning.

**Teaching/Instructor/Presenter:** the Board will grant a maximum of ten hours of continuing education credit. Included will be ½ hour for research and planning for every hour taught. To insure you receive these hours a post program approval form needs to be sent prior to renewal. If you failed to request post approval prior to this audit you will need to complete a post program approval form and send it with your audit. The Board keeps track of your teaching hours and you cannot request CEU hours for the same course in a five year period unless it has changed significantly.

**College course work:** College course work that is not in the same dept. as your licensure needs post program approval before you renew your license. *For example you are taking a graduate level course in Education but you are licensed as a Counselor.* You would need to complete a **Post Program Approval Form** prior to renewing your license. If you are being audited and haven't completed a post program approval form prior to your renewal you will need to include the form with your audit.

**College Course work:** Must be listed on the back of your audit form. List course work completed within your two year renewal period. One quarter hour = 10 clock hours. One semester hour = 15 clock hours. Provide copy of transcript. List the following:

Course Title	Degree Program	Name of College	Graduate or Under Grad	Grade Earned	Quarter/Semester	Date Completed
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**Banking hours:** licensees and registrants who have completed more than their 30 required hours can bank up to 12 hours of those extra hours towards their next renewal period. 4757-9-04 (F)

If when you renewed your license you included banked hours you will need to list a total of 60 hours on the audit form. This is to prove you didn't use the banked CEU hours for the renewal period prior to the one for which you are being audited.

## Post Program Approval

Non-approved hours **need Board approval prior to renewal of your license**. Once your request for post approval has been reviewed you will receive a **notice of action**. Use the **notice of action** as you would a attendance certificate to list CEU hours on the back of the audit form. If you did not seek post approval prior to renewal you will need to do so now with this audit. Note: only non-approved programs taken out of state or through distance learning are eligible for post approval.

You can find the post approval form on the Board website. [www.cswmft.ohio.gov](http://www.cswmft.ohio.gov) - click on box 6 **CEU Forms & Courses** then click on

### 6. Post Program CEU Approval Forms & Information

## Attendance Certificates

Your name printed	Date of attendance	Board approval #	Number of clock hours	Sponsor/Instructor
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**The Board cannot accept a certificate without your name printed on it**

**The Board cannot accept a certificate that has been altered or is missing any of the above items.**

**3. Ethics:** List three hours of ethics training below as required by 4757-7-01 (C)(2) - **Ethical CEUs** do not always contain the word ethics in the title or description. Some CEUs cover 'ethical Subjects such as: **productivity, documentation, termination, HIPPA, boundary concerns, cultural diversity and some types of supervision**).

Program title	Focus area	Sponsor/instructor	Program provider #	Post program approval	Date attended	Clock hours
	Ethics			Yes Submitted Date: _____		
	Ethics			Yes Submitted Date: _____		
	Ethics			Yes Submitted Date: _____		

## 4. Supervision Designation:

**PC-S & PCC-S 4757-9-02 (A)** for those professional clinical counselors with supervising counselor status, **six** of the thirty clock hours shall be in supervision. need to be focused on training that will help them to help their supervisees (counselor trainees and clinical residents) to gain the experience required for licensure as a professional counselor or professional clinical counselor, and to improve their skills and /or to learn new skills

**LISW-S 4757-9-03 (D)** for those independent social workers with supervising status, **three** of the thirty clock hours shall be in supervision need to be focused on training supervision of LSW's working toward their two years of supervised practice or SWTs in their field work per rule 4757-23-01 paragraph (E)(3)(b):

Program title	Focus area	Sponsor/instructor	Program provider #	Post program approval	Date attended	Clock hours
	Supervision			Yes Submitted Date: _____		
	Supervision			Yes Submitted Date: _____		
	Supervision			Yes Submitted Date: _____		

## 5. College course work:

One **quarter credit hour** equals ten clock hours. One **semester credit hour** equals fifteen clock hours. The Board will accept coursework taken from traditional colleges or universities that are recognized by the US Secretary of Education or the Council for Higher Education. **Graduate level coursework** completed within your two year renewal period will also **cover your ethics requirement**. Provide copy of transcript showing course completed.

Name of college	Degree program	Course title	Post program approval	Quarter or semester hours	Date coursework completed	Graduate or under graduate	Clock hours
			Yes Submitted Date: _____				
			Yes Submitted Date: _____				

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