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**Request for CEUs & Related Services**

**Date completed:** Click or tap here to enter text.

**Services Requested (check each applicable box):**

[ ] NYSED LMSW/LCSW hours

[ ] NYSED LMHC hours

[ ] NYSED LCAT hours

[ ] NYSED LMFT hours

[ ] NYS OASAS renewal hours *(NOTE: We must submit to OASAS for approval decisions so give us 90 days’ notice for OASAS hours.)*

[ ] **Email marketing.** Specify any unique details such as marketing more than one training together, desired approximate dates for first and subsequent email marketing, etc. *NOTE: While CEU requests may be approveable, there are limits on the use of our email list for marketing and we may not be able to provide email marketing. You will be notified if this service is not available.* Click or tap here to enter text.

[ ] Other (specify ) Click or tap here to enter text.

**Contact name of person requesting services:** Click or tap here to enter text.

**Credentials and/or Job Title:** Click or tap here to enter text.

**Email address:** Click or tap here to enter text.

**Cell phone:** Click or tap here to enter text.

**Mailing Address (agency name (if applicable) street, city, zip code):** Click or tap here to enter text.

**Event date(s):** Click or tap here to enter text.

[ ] Single training [ ] Conference with consecutive sessions [ ] Conference with concurrent sessions

**Start time:**Click or tap here to enter text. **End Time:** Click or tap here to enter text.

**Total time for breaks:** Click or tap here to enter text.

**Training type:** [ ] Live in-person [ ]  Live webinar [ ] Self-study (no access to instructor)

**Event location address (if not specified on a separate description):** Click or tap here to enter text.

**Fee charged to register for event (NYSED does not allow for extra fees to be charged to receive CEUs):** Click or tap here to enter text.

**Training Title:** Click or tap here to enter text.

**Training Description (insert here if it is not on an attached document):**

 Click or tap here to enter text.

**Behavioral stated learning objectives (insert here if it is not on an attached document)**:

 Click or tap here to enter text.

**Target Audience:** (check all that apply and be what you select also matches the CEUs/Contact Hours you are requesting)

☐social workers ☐ mental health counselors ☐creative arts therapists ☐addictions professionals

☐marriage and family therapists

☐Other (please specify) Click or tap here to enter text.

**Instructor Information:**

1. Email resumes or CVs of instructors (unless they are not already on file with our office from previous trainings).
2. List the names and credentials of all those providing this training:
	1. Click or tap here to enter text.
	2. Click or tap here to enter text.
	3. Click or tap here to enter text.
	4. If there are more than 3 people, list additional presenters & credentials here: Click or tap here to enter text.

**How will the event be marketed?**

1. Website (provide web address): Click or tap here to enter text.
2. Email: [ ]
3. Brochure: [ ]

**Brochure & website rules:**

1. If you are drafting your brochure at approximately the same time you are inquiring about our services, please be aware that you cannot:
	1. Insert any of our CEU related wording without first obtaining our permission and current wording (wording sometimes has slight revisions)
	2. Your brochure for marketing purposes and its related website cannot publish our CEU wording without first obtaining our approval and entering into an agreement with us to purchase our services.

**Who will be the designee on-site at the training to supervise and ensure proper supervision of sign-in sheets, collection of evaluation forms, and distribution of CEU certificates?**

[ ] Contact person named on page 1

[ ] Different person (specify below)

 Name: Click or tap here to enter text.

 Job Title and/or credentials: Click or tap here to enter text.

 Email: Click or tap here to enter text.

[ ]  ***Yes, I agree that if I choose to purchase services from the UB School of Social Work Office of Continuing Education that I will comply with payment for services and all tasks listed on the Invoice/Task list.***

***Prices will be provided based on what you have requested.***

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**Our contact information:**

Tami Tobias, LMSW, Associate CE Director **Email:** ttobias@buffalo.edu **Ph:** 716-829-5843

**General email:** sw-ce@buffalo.edu

**Services web page:**

<http://socialwork.buffalo.edu/continuing-education/training-registration/training-and-conference-support-services.html>