



# Detroit Wayne Integrated Health Network

Application for Educational Review  
YOU MUST COMPLETE EACH SPACE

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What is your purpose for completing this form (Check all that apply):

I want Michigan Social Work CEC for my training

I want Michigan Certified Board of Addictions Professionals (MCBAP)  
CEC for my training

I want Child Mental Health Professional (CMHP) credits for my  
training

I want Qualified Mental Health Professional (QMHP) credits for my training

I want Qualified Behavioral Health Professional (QBHP) credits for  
my training

I want Qualified Intellectual Disabilities Professional (QIDP) Credits  
for my training

**Provider / Sponsor Name:**

**Title of Training:**

**Street Address:**

**City, State and ZIP:**

**Event Contact Person:**

**Contact E-mail:**

**Contact Telephone:**

**Contact Fax Number:**

**Your Organization's Web  
Address:**

**Targeted Participants  
(education level or specific  
discipline):**

**Anticipated Audience No.:**

**What % of your audience  
will be: Physicians**

**What % of your audience  
will be:  
Other Allied Health Care  
Professionals**

**What % of your audience  
will be: Other**

**Is there a fee associated  
with this event?**

Yes

No

How much?

**The URL to link to your  
training information:**

**Do you want this course  
information posted on the  
State-wide MI CEC website?**

Yes

No

**Date to be posted on  
calendar(s):**

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**YOU MUST ANSWER ALL THE QUESTIONS LISTED BELOW**

**Course/Workshop Title:**

**Course Date & Times:**

**Course Location:**

(Must include complete  
address & zip code)

**County where course is  
being held:**

**Abstract:**

(A brief description of the topics and activities that will be addressed during the course)

Do not fill in this space with "see attached."

You may attached additional information to this application. This will appear as the course description on the website.

**Course Objectives:**

(List the teaching goals)

As a general guideline, list one or two objectives per full hour of instructional time.

The objectives should serve as the basis for the evaluation.

**Timed Agenda** (List the presentation(s) schedule):

Half and whole hours only.

**Course Content:**

(Topics covered by the course content and activity in accordance with R 338.2908o (3)(a) of the Social Work General Rules of the State of Michigan)

Check all that apply

Theories and concepts of human behavior in the social environment.

Social work practice, knowledge and skills.

Social work research, program evaluation, or practice evaluation.

Social work agency management or administration.

Development, evaluation, and/or implementation of social policy.

Social work ethics and standards of professional practice.

Pain/Pain symptom management, including but not limited to, behavior management, psychology of pain, behavior modification and stress management.

**Number of CE Hours  
Requested for the Entire  
Course:**

**Presenter Name(s) &  
Credentials:**

The presenter's CV/resume or  
BIO must be attached to this  
application.

**Name and phone number of  
the social worker involved  
in the planning of this  
presentation:**

**In what way was this social  
worker involved in this  
planning of this  
presentation?**

**Explain the relevance this  
presentation has to social  
work:**

**Explain how this  
presentation addresses  
cultural diversity and social  
justice perspectives:**

#### **Bibliography:**

Bibliography must be three  
references relevant to the  
content of this presentation  
not the presenter.

At least one reference must  
be current within the last five  
years.

Wikipedia is not a valid  
bibliographic reference.

**Method of presentation:**

**Please select all that apply**  
(Attach copies of all handouts)

Panel Discussion  
Power Point  
Lecture  
Case Studies  
Handouts  
Role Playing  
Group Discussions/Breakouts  
Documentary / Film (must be followed with discussion/lecture)  
Workbook

All application, late and rush fees, if applicable, must be included with the application before it can be processed. Mail one completed application along with all of the required documents. **Make checks payable to: Detroit Wayne Integrated Health Network Attn: Andrea Smith.**

**Detroit Wayne Integrated Health Network**  
**707 W. Milwaukee**  
**Detroit, MI 48202**  
**313-344-9099 ext 3227**

**Applications can be emailed to:**  
**asmith1@dwihn.org**