



Clinical Social Work Association - Savannah

socialworksavannah.freeyellow.com

Continuing Education Sponsorship Application Form

Please submit at least 30 days prior to program

1. Information on Sponsoring Organization:

| | |
|---|--|
| Name of Organization | |
| Address | |
| Contact Person | |
| Telephone Number and email address | |
| Type of Organization | |

II. Program to be presented:

| | |
|--|--|
| Title | |
| Date | |
| Location | |
| Program Time | |
| Program Description (or attach brochure) | |
| Program Goals/Learning Outcomes (Please List) | |
| Agenda and Description of Topics to be Presented (or attach brochure) | |
| Total Instructional Hours Requested | |
| Relevance to Field of Social Work | |
| How was Need for Program Determined? | |
| Target Audience | |
| Prerequisites for Attendance (if any) | |