

Application for Supervision Certificate

In order to be eligible for the certificate, 1 face to face seminar for 6 CECH's along with 5 online/self study courses at 2 CECH's each for a total of 16 CECH's will need to be completed from the course offerings below: Check the courses you have completed as well as the month and year the course was taken. For a course to count toward the certificate, you must have attended the course in its entirety. No partial credit will be accepted. All six courses must be completed within two years of your first course. Submit this form *after* you have completed all courses.

<u>Attended</u>	<u>Course Completed</u>	<u>Course Title</u>
<input type="checkbox"/>	Month _____ Year _____	The Role of Leaders in Staff Retention (6) CECH's (Face to Face)
<input type="checkbox"/>	Month _____ Year _____	The Practice of Retention-focused Supervision (2) CECH's (Online/self-study)
<input type="checkbox"/>	Month _____ Year _____	Working with Differences (2) CECH's (Online/self-study)
<input type="checkbox"/>	Month _____ Year _____	Communication Skills (2) CECH's (Online/self-study)
<input type="checkbox"/>	Month _____ Year _____	The First Six Months (2) CECH's (Online/self-study)
<input type="checkbox"/>	Month _____ Year _____	Recruiting and Selecting the Right Staff (2) CECH's (Online/self-study)

Please complete the section below. Print Clearly.

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ E-mail: _____

License Number (if applicable): _____ State: _____

Last Degree Completed: _____ Year: _____

Employer: _____

Current Position: _____

Return this form with a \$15 administration fee to:

MSU School of Social Work CE Program
10 Baker Hall
East Lansing, MI 48824

Checks and money orders payable to: **Michigan State University**

Credit card information:

MasterCard Visa Am. Express Discover

Card #:

_____-_____-_____-_____

V-code # (the last 3 or 4 digits on the back of your card): _____

Expiration Date: ____/____

Cardholder Name: _____

Signature: _____

Interoffice use

Date Received: _____

Payment: Credit/Check # _____

Issued by: _____

Courses Verified (list dates)

Certificate Approved

By: _____

Date Issued: _____

2/17/16