

North Shore Wellness Services, Ltd.
3000 Dundee Rd., Suite 411
Northbrook, IL 60062
(847) 205-0371 (847) 205-0377 (FAX)
www.northshorewellness.com CEU@northshorewellness.com

Dear Professional Colleague:

Thank you for your interest in offering a class at North Shore Wellness Services, Ltd., an approved provider of continuing education activities for counselors and social workers in the State of Illinois. This application packet contains information about the process, guidelines and policies for offering continuing education classes at North Shore Wellness Services, Ltd.

Required attachments and the \$50.00 non-refundable application fee¹ must accompany the application form to complete the review process.

**Submit payment and completed application to:
North Shore Wellness Services, Ltd.
Continuing Education Department
3000 Dundee Rd., Suite 411
Northbrook, IL 60062**

North Shore Wellness Services, Ltd., approved provider status assures the State of Illinois that the activities offered by an approved provider have undergone rigorous review and have been found to meet North Shore Wellness Services, Ltd. continuing education requirements.

There are thousands of counselors and social workers in the greater Chicago and North Shore areas in need of fulfilling the State's requirement to complete at least 100 hours of approved continuing education within a five-year period. North Shore Wellness Services, Ltd. encourages counselors and social workers to take advantage of the activities made available by approved providers.

Services offered to approved providers include preferred status for classroom space, co-marketing, an opportunity to list activities on the North Shore Wellness Services, Ltd. website, and a phone-line announcement in the weeks preceding the event. As North Shore Wellness Services, Ltd. expands marketing efforts into the community, approved providers and their offerings can expect to be included in these marketing efforts.

Please contact me if you have any questions or need assistance in completing your application to become a North Shore Wellness Services, Ltd. approved provider.

Sincerely,



Victoria Manion Fleming, Ph.D., LCPC, NCC

The North Shore Wellness Services, Ltd. (NSWS) values diversity. There are no barriers to approval on the basis of gender, race, creed, age, sexual orientation, or national origin.

¹ The \$50 application fee is waived for practitioners and partners under contract or lease agreement with North Shore Wellness Services, Ltd., and students working under the supervision of partners at North Shore Wellness Services, Ltd.

GENERAL INFORMATION FOR CE CLASS PROVIDERS

What is NSWS

North Shore Wellness Services, Ltd. was initiated as a result of the collaborative efforts of the founding partners, Lisa Baron, LCSW, and Victoria Manion Fleming, Ph.D., LCPC, NCC. They had a vision for a wellness center that would become a beacon in the community for excellence in patient care, the healing process, and education for the community and other professional providers. What started as a loose association when the doors to the center opened in December, 2003, grew into a legal partnership when North Shore Wellness Services was incorporated in April, 2004.

Dr. Fleming's background in counselor education and curriculum development includes 10 years of counselor education activities, including a faculty position at Miami University, where she chaired the department's graduate education committee and oversaw major curriculum reform in the school psychology program's counseling component. Lisa Baron, LCSW, has almost 25 years of clinical experience, training programs, and teaching. It was a very natural step for North Shore Wellness Services, Ltd. to apply with the State of Illinois to provide continuing education classes to professional therapists and practitioners. Lisa and Victoria shared a vision of creating classes for professionals that would be deeply engaging and transformative for participants. The State approved the application in May, 2004.

In August, 2004, the North Shore Wellness Services, Ltd. suite of offices expanded to include an executive classroom. With the credential in place and a comfortable space at hand, NSWS launched its inaugural Continuing Education series in the Fall of 2004.

Continuing Education Requirements for Licensed Counselors and Social Workers

All counselors and social workers wishing to renew licensure at the end of the five-year period must accrue 100 continuing education clock hours that meet State of Illinois guidelines. Credit may also be earned by teaching an approved CE class.

Approval of Continuing Education Providers

The NSWS approved provider program invites appropriate professionals to apply to teach continuing education classes. Providers may include, but are not limited to, licensed or certified professionals with expertise appropriate for at least one of the approved content areas listed below.

Review of Applications

Applications for approved provider status may be submitted at any time. Notification of approval or denial will be sent 4-6 weeks after the receipt of a complete application. Individuals who do not meet all of the criteria for becoming approved providers should defer application until all such criteria are fulfilled.

Approval

Approved provider status is granted for a specific class. The planning and execution of the class must be conducted in compliance with NSWS guidelines.

Denial

Applicants who do not meet the requirements will not be approved. Before a denial report is issued, the application will undergo a second staff review. A report will be issued explaining the decision. Applicants will be given 35 days from the postmark date of the notification of the denial to submit documented evidence to reverse the decision. Applicants will be notified of the results in a timely manner.

APPROVED CONTENT AREAS

Continuing education activities taken for licensure credit must focus on increasing the knowledge and/or skills in the practice of counseling/social work in one or more of the following areas:

1. **Counseling Theory** includes studies of basic theories, principles and techniques of counseling and their application to professional counseling settings.
2. **Human Growth and Development** includes studies of individuals at all developmental levels; normal and abnormal human behavior; personality theory; lifespan theory; and learning theory within cultural contexts.
3. **Social and Cultural Foundations** includes studies that provide a broad understanding of societal changes and trends; human roles; societal subgroups; social mores and interaction patterns; multicultural and pluralistic trends; differing lifestyles; and major societal concerns including stress, person abuse, substance abuse, discrimination and methods for alleviating these concerns.
4. **The Helping Relationship** includes studies that provide a broad understanding of philosophic bases of helping processes; counseling theories and their applications; basic and advanced helping skills; consultation theories and their application; client and helper self-understanding and self-development; and facilitation of client or consultee change.
5. **Group Dynamics, Processing and Counseling** includes studies that provide a broad understanding of group development, dynamics and counseling theories; group leadership styles; basic and advanced group counseling methods and skills; and other group approaches.
6. **Lifestyle and Career Development** includes a broad understanding of career developmental theories; occupational and educational informational sources and systems; career and leisure counseling, guidance and education; lifestyle and career decision-making; career development program planning; resources and effectiveness evaluation.
7. **Appraisal of Individuals** includes studies that provide a broad understanding of group and individual educational and psychometric theories and approaches to appraisal; data and information gathering methods; validity and reliability; psychometric statistics; factors influencing appraisal; and use of appraisal results in the helping processes. Additionally, the specific ability to administer and interpret tests and inventories to assess abilities, interests, and identify career options is important.
8. **Research and Evaluation** includes studies that provide a broad understanding of types of research; basic statistics; research report development; research implementation; program evaluation; needs assessment; publication of research information; and ethical and legal considerations.
9. **Professional Orientation** includes studies that provide a broad understanding of professional roles and functions; professional goals and objectives; professional organizations and associations; professional history and trends; ethical and legal standards; and professional credentialing.

REQUIREMENTS FOR NSW CONTINUING EDUCATION APPROVAL

1. All program topics must directly relate to one of the 9 Approved Continuing Education Content Areas.
2. Programs focused on practice building and managed care must include sections on how these issues may impact ethical practice and suggestions for dealing with these concerns.
3. Programs focusing on ethics in mental health practice must include information on the ethical codes of the American Counseling Association, National Association of Social Workers, and/or the NBCC.
4. Programs must be geared toward the master's level mental health practitioner. Self-help programs that are designed for the general public and that do not have a significant component for counselors as to how to utilize the program information in the counseling setting will not qualify for approval.
5. NSW requires providers to submit the full program agenda for review.
6. Providers applying for programs based on new or alternative psychotherapeutic theories or methods must submit documentation of current or past research supporting the efficacy of the theory or method. If such research is not available, the provider must show evidence of acceptance by the professional mental health community such as publication in professional literature.
7. Qualified instructional staff must have training and experience enabling the individual to be considered an expert in the subject matter being taught. Activities focused on skills to be used in the counseling relationship must be led by at least one master's level mental health professional.
8. Once a class is approved and scheduled, cancellation will only occur when such cancellation is deemed appropriate by the teacher and the Officers of North Shore Wellness Services. If an approved provider is unable or chooses not to fulfill his/her instructional duties associated with the class, the Officers of North Shore Wellness Services, Ltd. retain the right to find a qualified substitute instructor. This substitute instructor shall receive 30% of the class income, while the original author/approved provider of the class shall receive 10% of the class income.

NORTH SHORE WELLNESS SERVICES, LTD.
APPLICATION FOR APPROVED CONTINUING EDUCATION CLASS
AND PROVIDER STATUS

Instructions: Please complete this application. If additional space is needed, use additional sheets properly marked with the corresponding section of the application.

Name _____

Address _____

Email _____ Phone _____

Application Checklist: Please label your attachments clearly. Print or type all attachment forms.

- \$50 non-refundable application fee or statement of NSW Affiliation for fee waiver. (Attachment A)
- Vita of person responsible for class content and delivery.
- Program forms and brochures/announcements for the proposed class (Attachment B)
- Profile of instructor and Content Area Checksheet (Attachment C)
- Evaluation forms for class participants.

I certify that the information provided herein is accurate. I agree to abide by the ACA/NASW/APA Code of Ethics in regard to the offering of activities and to the requirements set forth in this application packet.

Signature

Date

FOR NSW OFFICE USE ONLY

Date Received _____ Provider Number _____

Fee Paid _____ Effective Date _____

Title of Approved Class _____

A. Goals and Objectives

1. Please state the title of the class for which you are applying:

2. Briefly state the specific goals of your class.

3. Describe the target audience (educational level and profession) to which you direct your continuing education class.

4. Are there any professional certification or licensure bodies by which you are currently approved to offer this class? If so, please identify them:

5. Please list prior teaching experience, including places, dates, course titles, and enrollment:

B. Administration

1. Provide the names of anyone other than yourself who will help you to prepare or execute your class, including administrative assistants, and their credentials. **Attach** a current vita for these individuals.

2. Maintain a detailed class list, including names, addresses, license #'s and payment status of attendees and complete the "Post Class Completion" sheet after your class is over.

I understand that I am ultimately responsible for the content, execution, and administrative responsibilities associated with this class.

Signature of Applicant Date

C. Facilities

1. Describe the facilities in which you will conduct this continuing education class. Provide the full address for locations outside the NSW headquarters in Northbrook.

2. What accommodations have been made for program participants who have physical disabilities, hearing impairments and/or impairments?

D. Program Content

1. Attached are Program Sample Forms A and B:
2. Complete the **Content Areas of Activities** check sheet (Attachment D).

E. Instructional Staff

1. How did you select co-instructors for your class?

2. How did you verify the competence of the individuals who have been selected to co-teach?

3. Submit a Profile Sheet (Attachment C) for the presenters of your class.

4. Describe your procedures for assessing the continuing education needs of the target audience.

F. Evaluation

1. Describe the method by which class evaluations will be obtained from participants.

2. Explain how you utilize evaluations for future planning.

3. Submit the evaluation form you will use to evaluate participants.

G. Awarding Contact Hours

1. How do you verify an individual's participation and completion of an activity?

2. Indicate the type of documentation you give to the participants upon completion of the class and the information which this documentation contains (you may enclose a sample).

3. NSW agrees to maintain rosters of participants for a period of five years following the date of the activity.

H. Ethics

1. Will you be responsible for ensuring that the continuing education class you offer adheres to the *Code of Ethics* of the ACA and/or NASW?

Yes _____ no _____ (if no, please explain)

4. The following items must be included in promotional material. Please check which items are currently included:

- educational objectives
- target audience
- schedule and format
- fee
- cancellation/refund policy
- credentials of instructor(s)
- number of contact hours

5. Describe the provisions which are made to ensure the privacy of confidential material which is presented.

Attachment A

Waiver of Application Fee

I assert that my \$50 application fee should be waived because my current status at North Shore Wellness Services, Ltd., is that of

- Independent contractor/renter**
- Student**
- Partner**
- Other Affiliation**_____

Signature of Applicant

Date

ATTACHMENT B

PROGRAM/EVENT FORM

Title of Program _____

Date It Was Created _____

Instructor/Presenter _____

Target Audience _____

Number of Hours of Credit Offered _____

Brief Outline of Content:

Learning Objectives:

Evaluation Procedures:

Brochures and other promotional materials: Please Attach Copies

One complete copy of the program

PROFILE SHEET OF TRAINER/AUTHOR/FACULTY MEMBER

- Current profile on file at NSW.
- See attached vita.

Degrees related to your professional practice

_____	_____	_____	_____	_____
Degree	Year	School	Major	Minor
_____	_____	_____	_____	_____
Degree	Year	School	Major	Minor

License and Certification Information

_____	_____	_____	_____	NO YES <i>(attach explanation)</i>
License Title	Number	Date Activated	Expiration	Ever disciplined?

_____	_____	_____	_____
Certification Agency	Certification Title	Number	Web address of Agency

Professional Liability Insurance

_____	_____	_____	_____
Company	Policy Number	Expiration	Limits of Liability

CONTENT AREAS OF PROPOSED ACTIVITIES

Below is a list of the 9 NSW approved content areas. Definitions are provided on page three of the General Information Section.

- Counseling Theory
- Human Growth and Development
- Social and Cultural Foundations
- The Helping Relationship
- Group Dynamics, Processing and Counseling
- Lifestyles and Career Development
- Appraisal of Individuals
- Research and Evaluation
- Professional Orientation