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MHP 402 – CONTINUING EDUCATION (***CE***)

Licensed Independent Clinical Social Workers, School Social Workers, Pastoral Psychotherapist, Mental Health Counselor, Marriage and Family Therapist

- 1) ~~CEUs~~ (40 ***total CE hours are required total***)
- 2) ***A minimum of 30 hours*** must be from Category A: 10 from Category B (optional)
- 3) ***A minimum of 6 hours*** must be in ethics (Category A)
- 4) ***A minimum of 3 hours*** must be in suicide prevention (Category A)
- 5) Participation in home study limited to ~~20~~ ***30*** hours

Licensed Social Workers

- 1) ***A minimum total of 30 CE hours is required***
- 2) ***A minimum of 24 hours must be from Category A: 6 from Category B (optional)***
- 3) ***A minimum of 3 hours must be in ethics (Category A)***
- 4) ***A minimum of 3 hours must be in suicide prevention (Category A)***
- 5) ***Participation in home study limited to 20 hours***

Social Work Associate

- 1) ***A minimum total of 10 CE hours is required***
- 2) ***6 hours must be from Category A: 4 from Category B (optional)***
- 3) ***3 hours must be in ethics (Category A)***
- 4) ***3 hours must be in suicide prevention (Category A)***
- 5) ***Participation in home study limited to 7 hours***

CATEGORY A Category A CE includes education relevant to the practice of mental health that is provided by a state, regional, national, or international professional organization.

- | | | |
|--------------------|---------------------|--|
| 1— APA | 5— AAMFT | 9— AMA |
| 2— AAPC | 6— ACA | 10— Graduate level course from Dept. of Psych. |
| 3— NASW | 7— ASWB | 11— Preparation of a syllabus for a new graduate course |
| 4— NBCC | 8— AMHCA | 12— Thorough updating of a graduate course |

CATEGORY B

- 1 – ~~Seminar~~ ***Education*** not listed in A
- 2 – Publication of professional book (not to exceed 5 hours)
- 3 – Publication of articles in a professional journal (not to exceed 5 hours)

This is a summary of Mhp 402. Please refer to Board rules for more detail.

COLLABORATION - (40 hours required)

I have fulfilled the collaboration requirement in the following way: (Be sure to include at least two names of licensed professionals you have collaborated with and a short description of the kinds of issues discussed).

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Licensed ~~Type~~: (circle one) ~~SW~~ ~~PP~~ ~~MHC~~ ~~MFT~~ License # _____

- ***Pastoral Psychotherapist***
- ***Licensed Independent Clinical Social Worker***
- ***Licensed Social Worker***
- ***School Social Worker***
- ***Social Work Associate***
- ***Mental Health Counselor***
- ***Marriage and Family Therapist***

Signature _____

Please print your name _____

PLEASE RETURN TO: NH BOARD OF MENTAL HEALTH PRACTICE
7 EAGLE SQUARE
CONCORD, N.H. 03301

7/19/2014