



The University of Texas at Austin  
Steve Hicks School of Social Work

**REGISTRATION FORM FOR SOCIAL WORK CEU CREDITS**

Programs listed were provided in accordance with the criteria and standards of the Texas State Board of Social Work Examiners (TSBSWE), and have been approved for Texas Social Workers (LBSW, LMSW, LCSW, LMSW-AP), Licensed Professional Counselors (LPC) and Licensed Marriage and Family Therapists (LMFT). Please note that 1 hour = 1 CEU. Complaints about this program may be made to TSBSWE at 1100 W. 49th St., Austin, TX 78756, 800-232-3162, or <http://www.dshs.state.tx.us/socialwork/>). Participants can receive up to 2.0 Social Work, LPC or LMFT CEUs for workshop attendance. If licensed for other professions or other states, check with your state-licensing agency for reciprocity and/or approval. Licensed psychologists must submit this form to their state licensing agency in order to apply for credit.

CEU Licensure: \_\_\_ Social Work \_\_\_ LPC \_\_\_ LMFT \_\_\_ Psychologist \_\_\_ Other \_\_\_\_\_

**2018 Person Centered Recovery Planning (PCRP) Program  
Announcement and Implementation Booster**

VIA HOPE

**January 24, 2018**

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Agency:** \_\_\_\_\_

**Mailing address:** \_\_\_\_\_

Home

Office

**Email address:** \_\_\_\_\_

**TO RECEIVE 1.0 CONTINUING EDUCATION CREDIT, SEND COMPLETED AND SIGNED FORM WITH PAYMENT.**

**AMOUNT DUE: \$10.00**

By signing below, you acknowledge that the information given above is accurate based upon your participation in the program.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Instructions:** Fill in the form with your full name as you would like it to appear on your certificate and the address to which you would like your certificate mailed or emailed. After completion of the course, sign this form and mail to:

Scan and email to: [profdevga@gmail.com](mailto:profdevga@gmail.com)

OR Fax to: 512-232-3700

Or Mail to:  
UT Austin Steve Hicks School of Social Work  
Office of Professional Development  
1925 San Jacinto Blvd., MC: D3500  
Austin, TX 78712

**Please include a check addressed to The University of Texas at Austin or provide credit card information below:**

Card number: \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_      CCV Code: \_\_\_\_\_  Visa  MasterCard  Discover

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

The University of Texas at Austin – Steve Hicks School of Social Work – Office of Professional Development  
Liz Nowicki, Director – (512) 471-2886 – [Lnowicki@austin.utexas.edu](mailto:Lnowicki@austin.utexas.edu)