

Sponsoring Organization:

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CORNERSTONE COUNSELING, LLC GUIDELINES FOR CE APPROVAL

The Louisiana State Board of Social Work Examiners has authorized Cornerstone Counseling, LLC as a Continuing Education (CE) Approval Organization to approve workshops and activities for social workers. Approved educational offerings may be used to meet the continuing education requirement for license renewal in Louisiana (20 clock hours per year). In an effort to ensure compliant and high-quality learning experiences, the following will serve as a basis for approval.

APPLICANTS

Application for approval may be made by accredited schools, professional organizations, social service agencies, social work departments, hospitals, mental health centers, and other organizations that meet the criteria and conditions below. Individuals may also apply as specified.

CRITERIA FOR AUTHORIZATION FOR SPONSORING ORGANIZATIONS

Applicants must have:

1. An organizational structure for continuing education with a designated and capable professional staff who administer and coordinate an organized schedule of continuing education
2. The offering must be clearly identified by name, address, telephone number and other contact information
3. A means of responsibility for control over all aspects of programs to ensure that educational objectives and standards are met
4. A system for selection and supervision of qualified instructors
5. Content which is clearly of use for social workers in their practice settings; and
6. input by a social worker (either BSW, MSW, DSW, or Ph.D.) in the planning and evaluation of the program. The application must include the name, signature, degree, certification or licensure, email address and telephone number of the social worker.
7. A system for evaluation of programs by participants
8. A system to provide certificates of attendance to participants
9. The location of the workshop
10. Date(s) of the workshop

PRESENTERS

Accurate and up to date CV and/or resume and presenter bio shall be submitted and reviewed for each presenter. This is to ensure the appropriate experience, credentials and licensing/accreditation in the content area of the CE program. For conferences or workshops in which more than five presenters are involved, applicants should submit the information on the forms provided. Applicants may not submit forms that are used for other professional association applications. Applicant is responsible for completing a professional bio sheet on all presenters which shall include license type, credential number, degrees, current employment, education, training and pertinent experience to present on a particular subject.

CRITERIA FOR AUTHORIZATION FOR INDIVIDUAL PRESENTERS

Individual applicants who are not affiliated with a sponsoring organization and who are applying as the applicant and presenter must demonstrate:

1. Expertise in the area of the proposed presentation;
2. Experience as an effective presenter in the topic area;
3. Content which is clearly of use for social workers in their practice settings;
4. Input by a social worker (either BSW, MSW, DSW, or Ph.D.) in the planning and evaluation of the program. The application must include the name, signature, degree, certification or licensure, email address and telephone number of the social worker.
5. A system for evaluation of programs by participants
6. A system to provide certificates of attendance to participants
7. The location of the workshop
8. Date(s) of the workshop

PROGRAM QUALITY

Learning objectives and format of the proposed presentation will be reviewed to ensure high-quality learning experiences with clearly stated learning objectives, educational formats, and explicit expectations regarding background and participation of attendees. Representatives of the target audience must provide input during the program planning to ensure the suitability of the subject matter to the level of application. Planning, administration, presentation, and evaluation functions must be a concern of both sponsor and attendees.

The topic and its development shall be appropriate and meaningful for professional social workers. The title of the workshop should adequately reflect the content. The relevance of content to social work should be stated. Clearly state learning objectives and educational format methods (such as lecture, interactive, experiential, in-person, online and/or on-demand) for achieving those objectives. **Include agenda and time**

schedule for the educational offering. Cornerstone Counseling, LLC will be considerate of cultural, inclusivity and accessibility issues when approving a workshop.

The relevance of each workshop must be given a numeric score based on LABSWE's Guidelines for Continuing Education.

PROGRAM EVALUATION

Methods of evaluation to determine the effectiveness of continuing education are an integral part of each program. There must be an initial statement of objectives for each program in order to ascertain that desired goals have been reached. Evaluation instruments must include not only evaluation of satisfaction with the presenter's content, but also the facilities, arrangements, and suggestions for future programs. The purpose of such evaluation is to ensure that learning needs of participants have been fulfilled and to assist in planning better programs in the future.

DETERMINATION OF CREDIT HOURS

The request for approval must designate the number of contact hours that the educational offering provides. The number of contact hours (60 minutes equals one contact hour) will be determined prior to the beginning of the program and will be based on the program objectives, content, format, methods of instruction, and schedule. Credit will not be awarded for contact hours after a program has been delivered. Application for approved contact hours must be made by the sponsoring organization, not by individual participants who attend the program.

Contact hour credit will include only *actual instruction time* with the presenter and discussions led by the presenter or staff pre-arranged by the workshop. It shall not include *informal discussions over lunch or other non-instructional activities*. In the event an educational program is connected with a meal function, time spent eating will not be included although credit may be approved for the educational portion of that time, *generally no more than half of the time allotted for the meal function*.

DOCUMENTATION OF ATTENDANCE

Applicant assumes responsibility for keeping accurate attendance records. The sponsoring organization must monitor participant attendance through the use of sign-in records or distribution of a unique course code at the end of each program (such as for an online event). The applicant will only issue credit for time attended and should be stated clearly on marketing material and communication to allow people fair notice. *The applicant shall retain attendance records of the educational offering for three (3) years.*

ISSUANCE OF CERTIFICATES

Certificates must be issued to all participants who have successfully completed the program by the sponsoring organization. The certificate is to include the dates, location, title of program, and name of presenter. The certificate must include the following statement:

“This program is approved for # of hours (clinical/general/ethics) contact hours by Cornerstone Counseling, LLC as authorized by the Louisiana State Board of Social Work Examiners and may be applied toward the continuing education requirements for licensure renewal.”

CRITERIA FOR PARTICIPATION

Applicant agrees to:

1. Submit application information and all supporting documentation to include CV/Resume, presenter bio, blank certificate of completion for event, and application fee at least FOUR WEEKS IN ADVANCE of each program; a late fee of \$25 will be charged for applications submitted less than or equal to four weeks before the program date;
2. Certify the participation of each person in the training program for whom contact hour credit is to be awarded.
3. Maintain program evaluations and sign in logs for each event.
4. Include in the announcement of program/courses/certificates the following statement:

“This program is approved for # of hours (clinical/general/ethics) contact hours by Cornerstone Counseling, LLC as authorized by the Louisiana State Board of Social Work Examiners and may be applied toward the continuing education requirements for licensure renewal.”

5. ADVERTISING

The applicant shall stipulate any fees charged for the educational offering and its cancellation policy. The applicant should also submit promotional materials of the program. The applicant will include on all advertisements/marketing a statement relative to continuing education approval. **EX: “*This program is approved for # of hours (clinical/general/ethics) contact hours by Cornerstone Counseling, LLC as authorized by the Louisiana State Board of Social Work Examiners.*”** The applicant shall not advertise an education program as approved until official notification is received.

FEES

An administrative fee is required for each CE event and **due upon application**. This fee is for the review of the application and does not guarantee approval. The fees are as follows:

\$75 for a single day workshop being presented once. Reviewed within 4-weeks post submission.

\$100 for a conference (conference is defined as being offered over continuous days)

\$50 Expedited Review Fee - Add-on for applications submitted less than 4-weeks prior to the scheduled event and/or would like their CEU to be reviewed within 7- business days.

\$25 Additional fee for any changes to workshop, including but not limited to date, location, time, presenter, topic, etc. added within 1 year of the date of the original approved CE event.

\$25 Professional Network Broadcast: Optional add-on for one (1) marketing broadcast within the Cornerstone Counseling professional network to expand reach and visibility. This includes one (1) email broadcast to our mailing list highlighting your event and linking directly to you.

All fees are non-refundable, as they are for the review process and not for approval.

If you have any questions regarding this application, please contact Noël Andrus, LCSW-BACS at Cornerstone Counseling, LLC:

noelandrus@att.net

Phone/Text: (225) 998-4035

Continuing Education Approval Process

Frequently Asked Questions

What format shall I use to apply for CEU's?

Effective January 19, 2026 the Cornerstone Counseling, LLC Continuing Education Application is a .pdf version of the form available on our website: cornerstoneofdenhamsprings.com, which you may download, complete and then email the completed application and all required documents to NOELANDRUS@ATT.NET

We do not have a social worker available to sign off on the application. Can our LPC or psychologist sign off?

No. The criteria approval process required by the Louisiana Board of Social Work Examiners specifically requires that a credentialed social worker must be involved in the planning and evaluation of the educational offering. This social worker should be identified by name and credential. The social worker must verify that s/he participated in the development of the presentation and the evaluation process.

We have applied for clinical hours only to have our approval letter indicate that the offering has been approved for general hours. Why does this happen?

Clinical Social Work is defined in our Practice Act as follows: “specialty within the practice of master’s social work”

Administrative Rules further clarify as follows:

“The practice of clinical social work requires the application of specialized clinical knowledge and advanced clinical skills in the area of prevention, assessment, diagnosis and treatment of mental, emotional, and behavioral and addiction disorders. Treatment methods include the provision of individual, marital, couple, family and group psychotherapy. The practice of clinical social work may include, but is not limited to private practice, employee assistance, and addiction services.”

When reviewing CEU applications, Cornerstone Counseling, LLC uses the following statement to define clinical content:

“To be considered clinical in content, the workshop must address at least one of the following areas of practice: prevention, assessment, diagnosis or treatment of mental, emotional, behavioral and addiction disorders through the application of social work theory and methods.”

We want to submit one application for a monthly workshop on various topics. Can we call this a conference and pay one fee?

No, unless your conference is on continuous days, you cannot complete one application. Each workshop must be submitted on a completed individual application, including all required supporting documentation and fees.

We want to submit an application for one workshop to be offered on multiple dates throughout the year. When does our 12 month period begin and end?

The 12-month period begins with the first date of the first workshop as indicated in your original approval communication. There will be no revisions to this time frame. Additional dates can be added up to 1 year using the “Add a Date” form.

We sent you our bio information earlier in the year. Can you make a copy for subsequent applications with the same presenters?

No. Each application must contain all required supporting documentation.

We are planning to hold 2 workshops on the same day with 2 different topics. Can we use one application?

No. Each workshop will require its own application and fee.

We want to submit an application, but we have not yet determined the date(s) or place(s). Is this allowable?

No. We must have at least the first date and location identified before your application can be reviewed. If you are planning to add dates and locations, you will complete and submit an “Add a Date” form and invoiced for these changes in the original application in accordance with the fee schedule.

CORNERSTONE COUNSELING, LLC
cornerstoneofdenhamsprings.com
Noël Andrus, LCSW-BACS
noelandrus@att.net
(225) 998-4035

APPLICATION FOR SOCIAL WORK CONTINUING EDUCATION APPROVAL

For Pre-Approval of Social Work Continuing Education Program Credits, your application must be completed in its entirety and submitted with all required supporting documents to ***Cornerstone Counseling, LLC by emailing noelandrus@att.net***

Workshop Information

Workshop

Title: _____

Date of

Workshop: _____

Workshop Start and End

Time: _____

Continuing Education Credit

Please indicate the type & total number of hours being requested in each category:

- ☐ Clinical Hours _____
- ☐ Ethical Hours _____
- ☐ General Hours _____
- ☐ Supervision _____

Location/ City of Workshop: _____

Will this workshop be offered via teleconference? ☐ Yes ☐ No

Sponsoring Organization/ Individual: _____

Address: _____

Phone _____ Email: _____

Contact Person/ Title: _____

Address (if different from above): _____

Phone (if different from above): _____ Email: _____

Complaint Procedure: Do you have a procedure to handle complaints such as: refunds, complaints about course, etc.: ☐ Yes ☐ No

ADA Accommodations: My organization agrees to comply with the reasonable accommodations provisions of the American with Disabilities Act.

Promotional: Until approval is received, all publications regarding your workshop must indicate that an application has been submitted and pending approval with Cornerstone Counseling, LLC. Do not market your CE event as approved until confirmed.

Please attach a brochure or other promotional items, if available.

Instructor(s): Please attach vita/bio of presenter(s). The Presenter Data Sheet may be completed for workshops with more than five presenters.

Learning Objectives:

Recordkeeping:

Person responsible for recordkeeping: _____

Address: _____

Phone: _____ Email: _____

Attendance records must be kept for three (3) years.

Please describe the evaluation method for your CE event:

Social Work Involvement: A credentialed or licensed social worker must be a consultant or member of the planning committee for this workshop and the following information needs to be provided:

Name: _____

Phone: _____ E-mail: _____

List all social work credentials, licenses or certificates of this social worker:

What is the social worker's involvement in the workshop? (planning, presenting, reviewing, etc.): _____

Signature of social worker: _____ Date: _____

I certify that the information provided herein is accurate.

NOTE: If the social worker involved is also the person completing the application, both signatures need to be complete.

Signature of applicant: _____ Date: _____

PRESENTER DATA SHEET
To Be Completed for Conference or Workshops with More than Five Presenters

Presenter' s Name/Degree, Credentials:_____

Place of Employment/Title:_____

Work Address:_____

Work Phone:_____Email:_____

Title of Presentation:_____

Brief Biographical Statement:

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Brief Biographical Statement:

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Place of Employment/Title: _____

Work Address: _____

Work Phone: _____ Email: _____

Title of Presentation: _____

Brief Biographical Statement:

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Guide for Assessment of Continuing Education

If you are uncertain as to whether your program will qualify for social work continuing education, please use the following for guidance.

Program Content

(Clearly Acceptable)

- _____ 6) Mainstream social work knowledge, skills and values
- _____ 6) Specialized social work knowledge, skills and values
- _____ 4) Information from related fields that is useful for social work practices
- _____ 2) Developing areas that may lack strong research, support or clear application
- _____ 0) Content that is specifically not acceptable or not related to social work practice.

(Clearly Not Acceptable)

Program Presenter:

(Clearly Acceptable)

- _____ 5) Social worker with appropriate expertise in content area
- _____ 4) Related profession with ability to connect content to social work practice
- _____ 2) Lay-person (e.g. client) on the impact of needing/ receiving services
- _____ 0) Presenter with no apparent professional qualifications nor link to social work practice

(Clearly Not Acceptable)

Program Audience

(Clearly Acceptable)

- _____ 4) Social work practitioners/ students
- _____ 4) Interdisciplinary professional audience that may include social workers
- _____ 3) Audience presumed to be primarily from another profession (e.g. nursing)
- _____ 1) Audience open to the general public
- _____ 0) Audience presumed to be primarily the general public

(Clearly Not Acceptable)

Total Score _____ (add score from each section to get Total Score)

An event must receive a **total score (combination of all three sections) of 10 or more** to be clearly acceptable for continuing education credit. **If a category (Program Content, Program Presenter or Program Audience) rates a zero, regardless of the total score, the educational offering is not acceptable for social work continuing education.**

Application Fees and Payment:

An administrative fee is required for each educational event and is due upon application. This fee is for the review of the application and does not guarantee approval. Please indicate which fee(s) are applicable:

- ☐ **\$75.00** Single day workshop being presented once
- ☐ **\$100.00** Conference (conference is defined as being offered over continuous days)
- ☐ **\$50.00** *Expedited review fee*: an additional fee for applications submitted less than four weeks prior to the requested workshop date(s) *or* desire to be reviewed within 7 business days
- ☐ **\$25.00** Additional fee for any changes to workshop, including but not limited to date, additional dates, location, time, presenter, topic, etc (to be submitted with "Add A Date" Application) within the one (1) year of the date of the first workshop
- ☐ **\$25** *Optional marketing support*: One (1) marketing broadcast within the Cornerstone professional network endorsed by Cornerstone Counseling.

Payment

Payment is processed via a secure payment method using Stripe. All payments using our secured payment method are subject to a 4% credit card processing fee. Checks can be mailed along with this form to Cornerstone Counseling, LLC: 510 N. Range Ave, Suite C, Denham Springs, LA 70726

Credit Cards Accepted: Visa, MasterCard, American Express or Discover

Credit Card Number: _____

Expiration Date: _____ **CVV Security Code:** _____

Zipcode: _____

Sponsoring organization verifies that it meets the Criteria for Authorization as described in the NASW-LA Guidelines for Continuing Education Programs.

Sponsoring Organization/ Individual

Authorized Agent

Date

Email Application to: noelandrus@att.net

Checklist for Continuing Education Application

Application must include:

- ☐ **Title of Workshop Date of Workshop**
- ☐ **Start and End Time of Workshop**
- ☐ **Location of Workshop**
- ☐ **Signed application verifying the application meets the Criteria for Approval**
- ☐ **Involvement and Signature of a credentialed or licensed social worker**
- ☐ **Clearly defined objectives**
- ☐ **Clearly defined agenda**
- ☐ **Biographical information for presenter(s)**
- ☐ **CV and/or Resume**
- ☐ **Evaluation form**
- ☐ **Blank Copy of CE Certificate**
- ☐ **Completed Guide for Assessment of Continuing Education**
- ☐ **Credit Card Payment Information**

Email Application to: noelandrus@att.net