

APPLICATION for C.E. APPROVAL for LPC and LMFT

I, the undersigned applicant state and affirm that the following is true and correct and I have read and understand this form and executed it in my own hand.

Sponsoring Agency: _____

Print Name: _____

Signature: _____ Date: _____

Telephone #: _____ Fax #: _____

Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Name of Presentation:

Context Key: *(Use the corresponding letter below to document the context of the presentation)*

- | | | | |
|------------------------|--------------|---------------|----------------------|
| A. College course | C. Institute | E. Workshop | G. Distance learning |
| B. In-service training | D. Seminar | F. Conference | |

Context of Presentation: _____

Total number of hour(s) you wish to award – must *exclude* non-presentation time (breaks, meals): _____

Date(s) of Presentation: _____

Presentation content key: *(Use the corresponding letter below to document the content of each individual session)*

- | | | |
|------------------------------------|------------------------------------|--|
| A. Human growth and development | I. Social and cultural foundations | Q. Psychopharmacology |
| B. Abnormal human behavior | J. Personality theories | R. Consultation |
| C. Appraisal/assessment techniques | K. Crisis intervention | S. Physical & emotional health |
| D. Counseling theories/methods | L. Marriage/family counseling | T. Clinical supervision |
| E. Professional orientation/ethics | M. Addictions counseling | U. Children/adolescents |
| F. Research | N. Rehabilitation counseling | V. Theoretical foundations of marital and family systems |
| G. Group dynamics/techniques | O. Gerontology | |
| H. Life style/career development | P. Human sexuality | |

Presenter Key: *(Use the corresponding letter below to document the presenter qualification of each individual session)*

- | | | | |
|---------------|---|---|---|
| A. LPC | I. VES | O. CLEET | R. Graduate professor from a regionally accredited university |
| B. LMFT | J. Psychologist | P. ACA, AAMFT, APA, NASW, NAADAC presenter | |
| C. LBP | K. Medical doctor | Q. Mental Health & Substance Abuse Services State or Federal Agency | |
| D. LGC | L. Nurse | | |
| E. LCSW | M. School Teacher, Counselor, Administrator | | |
| F. LADC/CADC | N. Attorney | | |
| G. CRC/CDSVRP | | | |
| H. BCBA | | | |

Use the spaces below to document the individual sessions of your conference (including pre-conference workshops, plenary, breakout sessions, breaks, lunch presentations, etc.).

1. Title: _____

Concurrent Session: Yes ___ No ___ **# of Hour(s):** _____ **Content(s):** _____

Name of Presenter(s): _____ **Qualification(s):** _____