

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 #: _____ Email: _____

Name of Presentation: _____

Context Key: _____

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

Date(s) of Presentation: _____ Additional Date(s): _____

Presentation content: _____

Presenter Qualification: _____

Name of Presenter(s): _____

For your program to qualify for acceptable continuing education for counseling ethics or counseling supervision, it must meet all requirements listed in SUBCHAPTER 17. CONTINUING EDUCATION REQUIREMENTS, of the LPC Regulations. For your program to qualify for acceptable continuing education for mental health ethics and therapy supervision, it must meet all requirements listed in SUBCHAPTER 15. ISSUANCE AND MAINTENANCE OF LICENSE, of the LMFT Regulations.

Select one of the following if you are applying for counseling ethics or mental health ethics continuing education:

Select one of the following if you are applying for counseling supervision continuing education:

Select one of the following if you are applying for therapy supervision continuing education:

Number of hours in counseling ethics and/or mental health ethics you wish to award: _____

Number of hours in counseling supervision and/or therapy supervision you wish to award: _____