

## 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: \_\_\_\_\_

I am not the sponsor or the presenter of this presentation. Please do not list me as the contact person on the website.

**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):** \_\_\_\_\_