



Application for Continuing Education Provider

Today's Date: _____

Name of Sponsor (person or agency): _____

Address: _____

City, State, Zip: _____

Telephone: () _____ Fax: () _____

Email: _____

Program Title: _____

Presenter (s): _____

Program Content Area (s) (see attached cover letter): _____

Learning objective(s): (Do *not* put 'see attached'):

Presentation Level: _____ Introductory _____ Intermediate _____ Advanced

Specific Location of Program Presentation: _____

Date(s) of Program: _____ **Beginning time:** _____ **Ending time:** _____
(Please continue on next page)

Exclusions (see below): _____

Note: Specific breakdown of time participants will be in contact with presenter must be attached to this form. Contact hours will *not* be approved for meal or break periods or for business meeting periods unless marriage and family education content is presented which is consistent with the requirements for the rest of the program.

**** You must attach brochure/flier to this application ****

Number of CEH (Contact Education Hours) requested: _____

Contact Person (if different than above): _____

Address: _____

City, State, Zip: _____

Telephone: () _____ Fax: () _____

Email: _____

Attestation of Presenter(s):

I/We (print name) _____ attest that the presenters have the requisite education, training, and/or experience in relational systems clinical practice (i.e. marriage and family therapy, and marriage and family therapy ethics) to be qualified to teach and present on the topic under review. As qualified presenters of MFT ethics (if applicable), the presenters will use and discuss the AAMFT Code of Ethics. (Initial _____).

(Authorized signature)

(Date)

- CV for Each presenter must be attached

Payment of application fee does not automatically guarantee approval of application.

Application fees are non-refundable. Any altered attestations (i.e. any attestations wherein the wording (other than inserting one's name and signing) has been changed) will not be considered.

The application, CV, all accompanying documents, and payment made payable to LAMFT (amount listed in the cover letter) **must** be mailed in the same envelope to:

Dr. Theresa Dronet
Louisiana Association for Marriage and Family Therapy
Marriage & Family Therapy Program - ULM
Strauss 371
700 University Ave.
Monroe, LA 71209