



# Louisiana Association for Marriage and Family Therapy



## 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 ceu guidelines document):** \_\_\_\_\_

\_\_\_\_\_

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

**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. 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 ceu guidelines document) must be mailed in the same envelope to:

**Dr. David Spruill**  
**Louisiana Association for Marriage and Family Therapy**  
**Dept. of Counselor Education**  
**University of Louisiana at Lafayette**  
**PO Box 40240**  
**Lafayette, LA 70504**