Counselor, Social Worker & Marriage and Family Therapist Board

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MFT-IMFT Continuing Education Request for Post-Program Approval

Marriage and Family Therapist and Independent Marriage and Family Therapist must use this form to request continuing education approval for continuing education programs or other education listed:
*****Programs completed outside of the State of Ohio or via distance learning that were not pre-approved by CSWMFT Board. **(All in-state programs must be pre-approved)** (Distance learning; online, home study, correspondence)

*****Publications, journal articles, book chapters, or books **authored by licensee**

*****College course work completed in a field other than the field you are licensed

*****Teaching or presenting a workshop, college course, or training program,

Instructions: This form should be completed and submitted within 90 days of completion of training and prior to the renewal of your license. **No request for post approval will be considered unless accompanied by the sponsor's program description or brochure and a certificate of completion**, or an attendance statement signed by the presenter. For college course work, submit a copy of the course syllabus or course catalog description and a copy of your grade report or transcript as proof of completion. If teaching or presenting a syllabus or brochure showing you were the presenter/instructor. Submit a separate form for each program. For large conventions submit one form with documentation or a detailed brochure indicating sessions attended and a copy of certificate of attendance. For publications submit a copy of your article, book or publication page for books or book chapters.

Upon review you will receive a Notice of Action via US Mail. This notice should be retained and submitted as proof of approval with your continuing education audit form when you are audited.

1. Program Title or Article, Book chapter, Book Title:	
2. Program Dates or Publication Dates:	# Hours Requested:
3. Program Location (City and State) Distance learning: ☐ Yes ☐ No	
4. Name and Address of program Sponsor or name of Professional Journal or Publisher	
5. Program Instructor(s) Name(s) and Degree(s) Were you the instructor: ☐ Yes ☐ No	

6. Review the Program Focus Areas listed below. Check all that apply. The workshop must reflect one of the MFT Program Focus Areas. (Refer to Ohio Administrative Code section 4757-9-05.)

☐Counseling Theory ☐ Professional Ethics ☐ Human Development ☐ Marriage and Family Studies
☐Systems Theory ☐Appraisal of Individuals and Families ☐ MFT Administration ☐Research
☐Supervision ☐ Diagnosis and Treatment of Mental & Emotional Disorders

☐Other _____

7. Program objectives: if font gets too small attach separate explanation.

8. Clearly explain how the program directly relates to the areas of MFT that you checked in item 6:

9. Instructional methods used:

10. What method was used for you to evaluate the program?

11. **Applicant information:**
Completely fill out name and address.

Name: _____

Address: _____

_____

List all licenses for which CEUs apply:

License #:_____

Expiration: _____

Is this a new address? ☐ Yes ☐ No

"The above application information is accurate. I understand that this application will be automatically disapproved if not accompanied by the materials required in the directions on this form. I also understand if I hold a license in social work or counseling that I can use this program, if approved, to also satisfy the renewal requirements for my social work and/or counselor license."

Signature: _____

Office Use Only

Prior action ☐ N ☐ A ☐ D Date: _____
PSC Action ☐ N ☐ D Hours: _____ By: _____ Date: _____

Notification Date: _____