



KENTUCKY BOARD OF LICENSURE FOR MARRIAGE AND FAMILY THERAPISTS

P.O. Box 1360, Frankfort, Kentucky 40602 ~ 911 Leawood Drive, Frankfort, Kentucky 40601 Phone (502) 564-3296, Fax (502) 564-4818 ~ <http://mft.ky.gov>

APPLICATION FOR CONTINUING EDUCATION PROGRAM APPROVAL INDIVIDUAL

(*For Post Approval Only)

Individual Licensee/Associate

License/Permit # _____

(Please print name) : _____
Last First Middle

Street Address City State Zip Code

Phone Number Email address

PROGRAM INFORMATION

Sponsoring Entity: _____

Program Title: _____

Program Speaker(s) _____

of CE Hours being requested: _____

Program Site: _____

Program Date(s): _____

Method of Presentation: _____

Please Attach Documentation of the Following to This Application:

_____ Timed agenda of program including CEU's, presenters and breaks.

_____ Complete bio of each presenter(s) to include education, credentials, and related experience.

_____ Published Course or seminar description to include objectives and goals.

When possible, please submit request for approval prior to your renewal date.

Applicant's Signature Date

2016

