



# KENTUCKY BOARD OF LICENSURE FOR MARRIAGE AND FAMILY THERAPISTS

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

## CONTINUING EDUCATION PROGRAM PROVIDER APPROVAL APPLICATION

PURSUANT TO 201 KAR 32:030, Section 7.

- (1) There shall be a nonrefundable fee of \$50 dollars per day for six (6) continuing education workshops or less offered a single time.
- (2) There shall be a nonrefundable fee of \$125 dollars per day for seven (7) or more continuing education workshops offered a single time.
- (3) There shall be a nonrefundable fee of \$250 dollars for a single continuing education workshop offered unlimited times in a calendar year, January 1 to December 31.

Please note that approval expires at the end of the calendar year.

### CONTACT INFORMATION

Provider	Name of Primary Contact		
Street Address	City	State	Zip Code
Phone Number	Email address		

### PROGRAM INFORMATION

Program Title: \_\_\_\_\_

# of CE Hours being requested: \_\_\_\_\_

Program Site: \_\_\_\_\_

Program Date: \_\_\_\_\_

Method of Presentation: \_\_\_\_\_

Please Attach Documentation of the Following to This Application:

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Published Course or seminar description:               | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Complete resume' of each instructor(s):                | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Copy of the program indicating hours of education:     | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Timed agenda including coffee and lunch breaks listed: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Copy of evaluation tool to be used:                    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Official certificate from the provider:                | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

The official certificate must include the following statement:  
"KY LMFT Board granted approval for this program on \_\_\_\_ (date.)"

Programs requiring board review and approval should be submitted at least sixty (60) days prior to the beginning date of the program.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

