



KENTUCKY BOARD OF LICENSURE FOR MARRIAGE AND FAMILY THERAPISTS

P.O. Box 1360, Frankfort, KY 40602 ~ 500 Mero Street 2 SC 32, Frankfort, KY 40601
Phone (502) 782-8809, Fax (502) 564-4818 ~ <http://mft.ky.gov>

CONTINUING EDUCATION PROGRAM PROVIDER APPROVAL APPLICATION

PURSUANT TO 201 KAR 32:030, Section 9.

(1) There shall be a nonrefundable fee of \$100 for a single continuing education workshop offered an unlimited number of times in a calendar year, January 1 to December 31.

(2) There shall be a nonrefundable fee of \$300 for a provider designated as an approved sponsor for continuing education and that is providing more than one (1) continuing education program for two (2) consecutive calendar years, 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 No
- Complete resume' of each instructor(s): Yes No
- Copy of the program indicating hours of education: Yes No
- Timed agenda including coffee and lunch breaks listed: Yes No
- Copy of evaluation tool to be used: Yes No
- Official certificate from the provider: Yes No

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

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

Applicant's Signature	Date
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