



This is an Active PDF form. Click on the check boxes or the fill-in areas and type your data. You need to then print as you can save the completed form with Reader 8.0 or later.

State Of Ohio
Counselor, Social Worker and
Marriage and Family Therapist Board
Columbus,
614-466-0912

50W.BroadSt.Suite1075
OH 43215

Marriage and Family Therapist Continuing Professional Education Request for Post-Program Approval

Directions: MFTs and IMFTs must use this form to request continuing education approval for professional development programs they have already attended and for which the program sponsor does not have pre-approval from the board. You must submit a separate form for each program for which you seek approval. MFTs and IMFTs may also request Post-Program Approval for CEUs approved by the Board for counselors or social workers. Please submit a separate form for each program for which you seek approval. When seeking post approval for large conventions submit a detailed brochure with individual information on each session and submit with one post program approval application. You must detail which sessions you attended. You will only receive credit for actual attendance. For best results submit within 90 days of the date the program was completed. No request for approval will be considered unless accompanied by the provider's program description (or brochure) and a certificate of completion (or an attendance statement signed by the presenter.) If you are submitting a college course, include copies of the course syllabus (or catalog course description) and your grade report. No continuing education completed before the effective date of your license can be approved. This form may also be used to request approval for presentation, distance learning options and publications (enclose proof).

1. Program Title															
2. Program Dates	Number of Clock Hours Requested														
3. Program Location (City and State)															
4. Name and Address of Program Sponsor															
5. Program Instructor(s) (Name[s] and degree[s])															
6. Review the Program Focus Areas listed below. Check all that apply. The workshop must reflect one of the Marriage and Family Therapy Program Focus Areas. (Refer to Ohio Administrative Code section 4757-9-05.) Program Focus Areas <table border="0"> <tr> <td><input type="checkbox"/> Research</td> <td><input type="checkbox"/> Human Development</td> </tr> <tr> <td><input type="checkbox"/> Professional Ethics</td> <td><input type="checkbox"/> Appraisal of Individuals and Families</td> </tr> <tr> <td><input type="checkbox"/> Marriage and Family Studies</td> <td><input type="checkbox"/> Systems Theory</td> </tr> <tr> <td><input type="checkbox"/> Marriage and Family Therapy</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td><input type="checkbox"/> Supervision</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Diagnosis and Treatment of Mental & Emotional Disorders</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Marriage and Family Therapy Administration</td> <td></td> </tr> </table>		<input type="checkbox"/> Research	<input type="checkbox"/> Human Development	<input type="checkbox"/> Professional Ethics	<input type="checkbox"/> Appraisal of Individuals and Families	<input type="checkbox"/> Marriage and Family Studies	<input type="checkbox"/> Systems Theory	<input type="checkbox"/> Marriage and Family Therapy	<input type="checkbox"/> Other _____	<input type="checkbox"/> Supervision		<input type="checkbox"/> Diagnosis and Treatment of Mental & Emotional Disorders		<input type="checkbox"/> Marriage and Family Therapy Administration	
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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.

List all licenses for which CEUs apply:

Name: _____

License #: _____

Address: _____

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: _____