

APPLICATION BY PROGRAM SPONSOR
Certification of Professional Continuing Education Activities
Licensed Marriage & Family Therapists
Massachusetts & Rhode Island

Sponsoring Organization _____

Contact Person _____ Position _____

Address _____ Phone () _____

_____ Fax () _____

_____ Email: _____

Registration web address (URL) _____

Activity Title _____

Location: _____ City _____ State _____

Description _____

Content Justification (see “Criteria for Certification” www.mftce.com/Apps/SponsorCriteria.html).

Check at least one.

____ 1. Professional Practice: (from list) _____

____ 2. MFT activity (circle all that apply): clinical methods; research methods or reports; theory; training.

____ 3. Other relevant content (from list): _____

Instructor Qualification: (See “Presenter Qualifications” for professional license type and qualification #.)

Instructor (primary) _____ Degree _____ Prof. Lic. Type _____ Qualification # _____

Activity Schedule:

Date _____ Contact Times _____ CE hours _____

Date _____ Contact Times _____ CE hours _____

Date _____ Contact Times _____ CE hours _____

Date _____ Contact Times _____ CE hours _____

Date _____ Contact Times _____ CE hours _____ Total Hours _____

State(s): Circle state(s) for which certification is requested: MA / RI

Fee for this application: \$ _____ (see Cover Page and “Information for Providers”)

Enclosures: Be sure to enclose a copy of your evaluation form to be completed by participants, a bibliography relevant to this activity, and the required fee.

Signature: All of the above statements are correct and have been personally verified by me. I understand that this CE certification may become invalid as a result of any inaccurate information. Program changes will be reported prior to the start of the activity. I agree to abide by the guidelines for certification in the “Information for Providers” document. As the sponsor, I accept full responsibility for the content and conduct of this activity.

Signature

Name

Date

Submit all materials to:

Michael I. Vickers, PhD

Continuing Education Administrator

Family Development Associates

40 Speen St., #106

Framingham, MA 01701

make checks out to: “FDA/CE Certifications”

voice 508.877.3660 extension 6

fax 508.82-6330

email: m-vickers@comcast.net

note: lists of certified activities, CE forms, local and national MFT regulations are available on our web site.