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
FDA/CE Certifications
40 Speen St., #106
Framingham, MA 01701
make checks out to: "FDA/CE Certifications"

voice: 508.877.3660 ext. 6
fax: 508-217-3323
email applications: CEApps@mftce.com
email administrator: m-vickers@comcast.net
note: *lists of certified activities, CE forms, local and national MFT regulations are available on our web site.*