



**APPLICATION BY PROGRAM SPONSOR**

*Certification of Professional Continuing Education Activities*

Massachusetts Licensed Marriage & Family Therapists

rev. February 1, 2018

**Sponsoring Organization** \_\_\_\_\_

Contact Person \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Fax \_\_\_\_\_

City, State, Zip, Country \_\_\_\_\_

Email: \_\_\_\_\_

Registration web address (URL) \_\_\_\_\_

**Activity Title:** \_\_\_\_\_

Sponsor Code: (\_\_\_\_\_) Location (*choose one*): \_\_\_ Live \_\_\_ Webcast Live \_\_\_ On-demand/Archived

Venue, City, State, Country: \_\_\_\_\_

Description \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Content Justification:** (see “[Content Criteria](#).” 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 “[Instructor 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 _____ Total Hours _____

**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 Sponsors](#)” document. As the sponsor, I accept full responsibility for the content and conduct of this activity, and will maintain registration records for a minimum of 5 years from the start date.

Signature \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_

**Note:** [Enclosures](#): Cover Page, reading list, evaluation form, fee (optional: brochure, instructor resume’).

Please make payment online (check or card), and see additional info at: [www.mftce.com](http://www.mftce.com)

Submit [enclosures](#) & applications via email to: [CEApps@mftce.com](mailto:CEApps@mftce.com), or fax to: 1-508-217-3323

Michael I. Vickers, PhD, CE Admin.

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