



**Minnesota Board of Marriage
and Family Therapy**



**LICENSEE APPLICATION FOR CONTINUING EDUCATION COURSE
APPROVAL**

Instructions:

- Type or print in black ink.
- Complete all sections. Incomplete applications will be returned.
- This application must be signed and dated.

General Information:

Licensee Name: _____

Email Address: _____

Daytime Telephone Number: (____) _____

Course Information:

Course Title: _____

Date(s) of Presentation: _____

Sponsor Organization: _____

Address: _____

Telephone Number: _____

Contact Person's Name: _____

Name and Address of Facility at Which Course is Conducted:

Course Content Information:

Please be specific when answering the following questions. You may attach additional information if necessary.

- 1) What is the objective of the course and how does this objective relate to your marriage and family therapy practice?

- 2) In detail, state the course's content. (i.e. presentation agenda, etc.) Please attach brochures/and pamphlets, if available.

- 3) Please list the names and qualifications of each instructor which demonstrate the instructors' current knowledge and skills in the course's subject matter. You may attach resumes, vitae or course promotion biographies, if available.

Affirmation:

I verify that the information contained in this application is true and correct to the best of my knowledge and belief.

Signature

Date