

GEORGIA ASSOCIATION FOR MARRIAGE AND FAMILY THERAPY

APPLICATION FOR CONTINUING EDUCATION APPROVAL

JANUARY 1, 2008 – DECEMBER 31, 2009

1. Name of Sponsoring Organization:
2. Address:
3. Contact Person:
4. Phone:
5. Fax:
6. Type of Organization:
7. Name of Workshop/Conference:
8. Date(s) of Workshop/Conference:
9. Name and Location of Facility:
10. Is this workshop/conference intended to provide Ethics CE hours? Yes _____ No _____
11. Cost to Participants:
12. Amount of Enclosed Processing Fee: \$..... Check Number:

For GAMFT Continuing Education Committee Use Only

ID # CE Hours Per Offering: Core Hours Ethics Hours

Total CE Hours Approved

CE Committee Chair

13. Program Description. Include a description of topics to be presented, goals and objectives, and relevance to practice, theory or research in the field of marital and/or family therapy. Please note that a brochure does not substitute for completion of this section.

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14. Please complete the schedule below. List instructional hours only, omitting any break time.

<u>Date</u>	<u>Time of Each Session</u>	<u>Instructional Hours</u>
_____	Begins _____ Ends _____	_____
_____	Begins _____ Ends _____	_____
_____	Begins _____ Ends _____	_____
_____	Begins _____ Ends _____	_____
_____	Begins _____ Ends _____	_____
_____	Begins _____ Ends _____	_____
_____	Begins _____ Ends _____	_____
_____	Begins _____ Ends _____	_____
_____	Begins _____ Ends _____	_____

Total Instructional Hours: _____

15. List All Presenters. Include a vita or, for programs with multiple presenters, complete the enclosed Presenter Profile for each presenter.

16. Describe Target Audience:

17. Certification and Documentation (*please initial*):

_____ CE certificates will be presented to all MFTs who attend the program.

_____ CE certificates will be safeguarded to insure that only those attending the full presentation will receive a certificate and that any extra certificates will be destroyed.

_____ CE certificates are valid only for the dates given on the application.

_____ A list of those attending the program will be created and kept on record for a period of three (3) years.

_____ Evaluation forms will be made available to GAMFT upon request.

18. In addition to the above information, the **following must be included** in order for the application to be considered:

(a) A Vita or completed Presenter Profile for all presenters;

(b) A copy or draft of the workshop/conference brochure;

(c) The evaluation form to be used by attendees in assessing whether or not the educational objectives were met;

(d) A check for the non-refundable processing fee, made payable to GAMFT; and

(e) A self-addressed, stamped envelope.

19. _____
Signature of Person Submitting Application

Date Submitted

20. Mail all applications to:

**Diane Hall Smith, M.L.S.
Continuing Education Chair
780 Baconsfield Drive
Building 3, Suite 34
Macon, GA 31211**

**478-746-1891
dsmithlmft@aol.com**

12/07

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PRESENTER PROFILE

For workshops/conferences with multiple presenters, reproduce and complete this form for each presenter.

1. Name of Presenter:
2. Education/Degrees:
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3. Licenses:
4. Current Occupation/Positions Held:
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5. Topic of Presentation:
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6. Summary of Relevant Qualifications:
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