



CONNECTICUT ASSOCIATION FOR
Marriage & Family Therapy

91

CTAMFT
P.O. Box 782
Wallingford, CT 06492

Continuing Education Application

Name: _____

Company/Organization Name: _____

Address: _____

City, State & Zip: _____

Work Telephone Number: _____

E-mail address: _____

Website address: _____

Proposed Workshop or Activity: _____

Date(s) of Workshop or Activity: _____

Total Contact Hours (include only instructional time): _____

Include a bibliography or reading list relevant to activities proposed in a separate attachment.

Evaluation Methodology: *(check all that apply)*

- Reaction Survey
- Discussion
- Follow-up Survey
- Observation
- Other

CTAMFT Record of Completion (to be completed by CTAMFT)

Completion date of activity: _____

Number of participants awarded CE certificates: _____

Number of CE hours awarded each participant: _____

CE certificates issued to participants on (date): _____

Signature: _____

Fees:

\$75 each for 1-2 activities \$200 total for 3-5 activities

\$400 total for 5-19 activities in a full calendar year

\$40 each for 20 or more activities in a calendar year.

Send completed form and check payable to CTAMFT at address listed above.

Description of Professional Development Activity

(This form must be used to document each activity for which CE hours are awarded by CTAMFT)

Title of Activity:

Sponsoring Organization & Contact Information:

Name(s) of Presenter(s):

Please attach resume or CV for each presenter

Date(s):

Location:

Program description (please include relevance to the practice, theory or research in the field of marital and family therapy) A brochure does not substitute for completion of this section:

Please complete the schedule below, listing instructional hours only. Use additional space if needed.

Date	Time of Each Session	Instructional Hours (does not include breaks/lunch)
_____	Begins: _____ Ends: _____	_____
_____	Begins: _____ Ends: _____	_____
_____	Begins: _____ Ends: _____	_____
_____	Begins: _____ Ends: _____	_____
	Total Instructional Hours	_____

Target Audience:

Do you want this activity posted on: _____ CTAMFT listserv
_____ CTAMFT website
_____ CTAMFT Newsletter (if timely)

Maximum Enrollment:

Minimum Enrollment:

Learning Outcomes: *(as a result of taking part in this activity, participants will...)*

- .
- .
- .
- .
- .

Requirements for Successful Participation:

Other Requirements:

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 will be destroyed.

__A list of all those attending the program will be created and kept on record for a period of three years.

__CE certificates are only valid for the dates given on the application.

__A copy of the registration (sign-in and sign-out of attendees) and a summary of the evaluation forms for MFTs who received a CE certificate will be mailed to CTAMFT.

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

- a. A resume or CV for each presenter.
- b. A bibliography or reading list relevant to activities proposed.
- c. A copy or draft of the workshop/conference brochure or flyer.
- d. The evaluation form to be used by attendees.
- e. A check for the non-refundable processing fee, made payable to CTAMFT.
- f. If applicable, (notification of approval sent by USPS) a self-addressed stamped envelope.

Signature of Person Submitting Application

Date Submitted