



## Guidelines for Granting Continuing Education Hours

CTAMFT offers formal approval of Continuing Education Hours for training activities, workshops, conferences and educational programs that meet the criteria established by CTAMFT in conjunction with the State of Connecticut's Department of Public Health regulations for continuing education for Licensed Marriage and Family Therapists.

Please read the following to assist you in filing a complete application form.

### I. The Application Process for CTAMFT Continuing Education Hours

- Submit application information and application fee at least **TWO MONTHS IN ADVANCE** of each program/activity in order to allow for proper processing. There is no guarantee that CTAMFT will be able to post workshops to its membership if application is received late. A late fee of \$25 will be required for processing applications less than four (4) weeks prior to the date of the offering. Retroactive approval is not granted; there will be no exceptions.
- Submit an application for **each individual activity**
- Submit an evaluation summary or individual evaluation forms to the CTAMFT office no later than 30 days following the event.
- Include all enclosures as listed on page 3 of the application
- Include the following statement in the announcement of the program:

*This program has been approved for \_\_\_ Continuing Education Hours by the Connecticut Association for Marriage and Family Therapists and meets the continuing education criteria for Marriage and Family Therapist Licensure renewal.*

**Definition of "Individual Activity":** An individual activity is one which has one overall title and for which registration grants participants entry to the entire program. Single activities offer a fixed amount of continuing education hours.

If your program design has participants registering for one or more segments or permits registration for either morning or afternoon elements of a day-long activity, different amounts of continuing education hours will be granted and therefore must be treated as separate activities and will require separate applications for each.

**Conferences** may be single day or multi-day meetings containing choices of workshops in some or all time slots. One application may be submitted for the entire conference if it can be documented that 67% or more of the meeting/workshop hours have MFT or related content areas in their title and/or descriptions.

**Certificates of Attendance:** Participants who attend conferences should receive CE certificates of attendance showing the number of hours of **certified** activities they have attended. It is possible that this number may not be the same as the total number of contact hours available.

## II. Counting Contact Hours

**Definition of contact hour:** 50 or 60 minutes of face-to-face educational activity

**Exclusions:** Time spent for breaks, socializing, registration, and meals

**Minimum number of hours:** One and a half hours (1.5 hours) of activity

**Maximum number of hours:** 8 per day

**Graduate Courses:** Courses attended toward a Masters or Doctorate or other post-Bachelor's degrees are eligible for consideration for MFT CE certification.

**Instructors' Continuing Education Credit:** Instructors of any MFT certified activities may count their actual face-to-face contact time toward their own CE requirements. Instructors should be given certificates of attendance.

## III. Granting Continuing Education Credit to Participants

**Attendance:** MFT attendees who participate in certified activities are expected to attend the entire program. A record of signing in and signing out will be required and maintained by the sponsoring organization.

**Evaluations:** Attendees must complete and return to the sponsor an evaluation of each activity before continuing education hours are provided. The sponsor is responsible for keeping these evaluations as evidence of each participant's completion of your program. As a condition of MFT certification for your activity, you must maintain these records for a minimum of 5 years and agree to produce them for inspection as needed.

**Certificates of Attendance:** Attendees who participate in certified activities should receive continuing education certificates of attendance showing the number of hours of **certified** activities they have completed. The recommended wording on the certificates is:

*"This activity has been certified by CTAMFT for professional continuing education. Certificate # \_\_\_\_.*

The certificate should show the certification number and number of contact hours granted, along with the title of the activity, the instructor's name, date(s) of attendance and sponsoring organization. An authorized representative of the sponsor should sign the certificate.

### **IF YOU WANT CTAMFT TO ISSUE CERTIFICATES OF COMPLETION/ATTENDANCE TO PARTICIPANTS:**

- You must certify the participation of each person in the approved program for which Continuing Education Hours are to be awarded by submitting to CTAMFT a Participant Form with sign-ins and sign-outs in accordance with the requirements above.
- You must pay an additional fee of \$25 for every 20 participants.

#### **IV. Applicaton Materials**

To ensure rapid and accurate consideration, please include the following information:

- Description of Professional Development Activity listing each activity, date(s), location, description, learning outcomes
- Proposal for a Professional Development Activity listing agenda/time schedule, contact hours, special equipment, and evaluation type
- Bibliography or reading list relevant to each activity
- Copy of evaluation form to be completed by participants
- Attached Resumes or CVs of presenter(s)
- Fee

#### **V. Fees**

Determine your fee as follows:

1. **\$100 each for 1-2 activities**
2. **\$275 total for 3-5 activities**
3. **\$400 total for 6-19 activities in a full calendar year**
4. **\$40 each for 20 or more activities in a calendar year (up to \$600 total)**

If CTAMFT is to provide certificates:                      \$25.00 for each 20 participants

#### **VI. Notification of Approval**

1. After the application is reviewed and a decision made about whether it meets the requirements for CTAMFT as set forth in this document, the sponsoring organization will be notified by email of this decision. An email address **MUST** be included on the application unless the sponsoring organization wants a written response via USPS.
2. If the organization wants a written response sent via USPS, a self-addressed, stamped envelope must be included with the application packet.

#### **VII. Program Listing**

1. If requested on the application form, the approved program will be posted on CTAMFT's listserv, posted on the CTAMFT website ([www.ctamft.org](http://www.ctamft.org)) and given a calendar listing in the quarterly CTAMFT newsletter, if timely. Anyone wishing a larger advertisement in the newsletter, CT Connections, may contact our editor, Gary Stanek at [gwstanek@optonline.net](mailto:gwstanek@optonline.net).

**Mail all applications to:**

CTAMFT  
P.O. Box 782  
Wallingford, CT 06492



CONNECTICUT ASSOCIATION FOR  
Marriage & Family Therapy

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

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**Fees:**

**\$100 each for 1-2 activities    \$275 total for 3-5 activities**

**\$400 total for 6-19 activities in a full calendar year**

**\$40 each for 20 or more activities in a calendar year (up to \$600 total)**

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

**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: \_\_\_\_\_

## 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:**

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

| <b>Date</b> | <b>Time of Each Session</b>                | <b>Instructional Hours (does not include breaks/lunch)</b> |
|-------------|--|--|
| _____       | <b>Begins:</b> _____<br><b>Ends:</b> _____ | _____  |
| _____       | <b>Begins:</b> _____<br><b>Ends:</b> _____ | _____  |
| _____       | <b>Begins:</b> _____<br><b>Ends:</b> _____ | _____  |
| _____       | <b>Begins:</b> _____<br><b>Ends:</b> _____ | _____  |
|             | <b>Total Instructional Hours</b>           | _____  |

**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.

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**Signature of Person Submitting Application**

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**Date Submitted**