



KENTUCKY BOARD OF LICENSURE FOR MARRIAGE AND FAMILY THERAPISTS

P.O. Box 1360, Frankfort, Kentucky 40601 ~ 911 Leawood Drive, Frankfort, Kentucky 40601
Phone (502) 564-3296, Fax (502) 696-5849 ~ <http://mft.ky.gov>

APPLICATION FOR CONTINUING EDUCATION PROGRAM SPONSOR APPROVAL

PURSUANT TO 201 KAR 32:030, Section 7 a fee of \$25.00 for each continuing education application shall be submitted by a sponsor. For sponsors submitting multiple applications in one month the fee shall not exceed \$250.00

Please note that approval expires at the end of the calendar year.

CONTACT INFORMATION

Sponsoring Organization _____ Name of Primary Contact _____

Street Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Email address _____

PROGRAM INFORMATION

Program Title: _____

of Hours: _____

Program Site: _____

Program Date: _____

Please Attach Documentation of the Following to This Application:

- Published Course or seminar description: Yes No
- Names and qualifications (Vita) of each instructor(s): Yes No
- Copy of the program indicating hours of education: Yes No
- Coffee and lunch breaks listed: Yes No
- Official certificate from the sponsoring agency: Yes No
- Copy of evaluation tool to be used: Yes No

Sample Certificate – See Attached

This certificate must include the following statement: "LMFT Board granted approval for this program on ____ (date.)"

Method of Advertisement

- Email
- Direct Mail
- Newspapers
- Newsletters
- Other _____

Programs requiring board review and approval should be submitted at least sixty (60) days prior to the beginning date of the program.

Applicant's Signature _____ Date _____