ALABAMA BOARD OF EXAMINERS
IN MARRIAGE AND FAMILY THERAPY
P.O. Box 240216
Montgomery, AL 36124-0216

Name:_____
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Date:_____

CONTINUING EDUCATION REPORTING FORM

(*Make copies as needed*)

Notice: Please complete this form and attach it to the cover of all CEU documentation to be presented to the ABEMFT for credit. **40 hours required (minimum: 10 hours in Clinical MFT; 3 hours in Professional Ethics; and 5 hours in Supervision for Approved Supervisors. Remember that only <u>10</u> hours can be used for independent studies per renewal period).** Please refer to Chapter 536-X-5 of the Administrative Code for further information.

1. Sponsoring Organization: _____
   Location of Seminar: _____
   Title: _____
   Brief Description: _____
   _____
   Principal Instructor: _____
   Dates: _____

   Type of Hours Earned:
   ☐ Clinical MFT
   ☐ Professional Ethics
   ☐ Supervision
   ☐ Other _____
   _____
   Hours Earned: _____

2. Sponsoring Organization: _____
   Location of Seminar: _____
   Title: _____
   Brief Description: _____
   _____
   Principal Instructor: _____
   Dates: _____

   Type of Hours Earned:
   ☐ Clinical MFT
   ☐ Professional Ethics
   ☐ Supervision
   ☐ Other _____
   _____
   Hours Earned: _____

3. Sponsoring Organization: _____
   Location of Seminar: _____
   Title: _____
   Brief Description: _____
   _____
   Principal Instructor: _____
   Dates: _____

   Type of Hours Earned:
   ☐ Clinical MFT
   ☐ Professional Ethics
   ☐ Supervision
   ☐ Other _____
   _____
   Hours Earned: _____

Page ____ of _____. **Signature:** _____ **Total Hours:** _____