

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.

LMFT: A minimum forty (40) contact hours of acceptable Continuing Education or Experience Units during the previous twenty-four months. A minimum of **ten (10) of these hours must be clinical MFT workshops**, a minimum of **six (6) of these hours must be in the area of diagnosis and treatment**, and a minimum of **six (6) of these hours must be in the area of professional issues and ethics**. LMFT supervisors must have completed a minimum of five (5) hours of continuing education in the content area of supervision. Please refer to Chapter 536-X-5 of the Administrative Code for further information.

ASSOCIATE: A minimum of twenty (20) contact hours of acceptable Continuing Education or Experience Units during the previous twenty-four months. A minimum of **five (5) of these hours must be clinical MFT workshops**, a minimum of **three (3) of these hours must be in the area of diagnosis and treatment**, and a minimum of **three (3) of these hours must be in the area of professional issues and ethics**.

INTERN: In order for an Intern designation to be renewed, the intern must have completed a minimum of **ten (10) contact hours of acceptable Continuing Education or Experience Units during the previous twenty-four months**. A minimum of **three (3) of these hours must be clinical MFT workshops**, a minimum of **three (3) of these hours must be in the area of diagnosis and treatment**, and a minimum of **three (3) of these hours must be in the area of professional issues and ethics**. **If the MFT Intern is enrolled in a COAMFTE or CACREP MCFC Accredited program, then the continuing education requirement is met.**

1. Sponsoring Organization: _____ Type of Hours Earned:
Location of Seminar: _____ Clinical MFT
Title: _____ Professional Ethics
Brief Description: _____ Supervision
_____ Other _____
Principal Instructor: _____
Dates: _____ Hours Earned: _____

2. Sponsoring Organization: _____ Type of Hours Earned:
Location of Seminar: _____ Clinical MFT
Title: _____ Professional Ethics
Brief Description: _____ Supervision
_____ Other _____
Principal Instructor: _____
Dates: _____ Hours Earned: _____

3. Sponsoring Organization: _____ Type of Hours Earned:
Location of Seminar: _____ Clinical MFT
Title: _____ Professional Ethics
Brief Description: _____ Supervision
_____ Other _____
Principal Instructor: _____
Dates: _____ Hours Earned: _____