



## CEU PROVIDER APPLICATION

Applicant's name

License(s) or Credential(s)

Instructor's name (if different from applicant)

License(s) or Credential(s)

Business/Agency (if applicable)

Email

Address

Phone Number

City

State

Zip

Location of course or program (if different from agency)

Content/material/description of course or program:

---

---

---

Evidence/research/theory supporting the course or program:

---

---

---

By checking this box I hereby agree to collect and maintain a roster of all attendees and their written evaluations of the course or program for a minimum of three years following course or program completion.

By checking this box I hereby agree to furnish each attendee who completes a program of continuing education with a certificate that sets forth:

- The attendee's name;
- The course of program instructor's name and signature;
- The course or program title;
- The number of continuing education hours assigned to the course or program; and
- The date and location of the program.



**NEVADA STATE BOARD OF EXAMINERS FOR  
MARRIAGE & FAMILY THERAPISTS AND  
CLINICAL PROFESSIONAL COUNSELORS**

PO Box 370130  
Las Vegas, Nevada 89137  
Office: (702) 486-7388  
FAX: (702) 486-7258  
<http://marriage.nv.gov>

By checking this box I hereby agree that within 30 days after presenting this course or program, I shall transmit to the Board:

- The title of the program;
- The name of the presenter and/or provider;
- The date, time and location of the program;
- The names and total number of attendees who were issued certificates;
- The number of continuing education hours assigned to the course or program; and
- The approval number assigned to the program by the Board

Please acknowledge which topics this course or program will cover (check all that apply).

- Theories or concepts of human behavior and the social environment;
- Marriage and family therapy or clinical professional counseling intervention methods;
- Marriage and family therapy or clinical professional counseling research, including, without limitation, the evaluation of programs or practices;
- Management, administration, or policy related to marriage and family therapy or clinical professional counseling;
- Ethics;
- Culturally appropriate services and their delivery;
- Theories or concepts of substance abuse treatment;
- Evidence-based suicide prevention and awareness; or
- Other areas directly related to the practice of marriage and family therapy or clinical professional counseling (please explain below):

---

---

---

---

Check if this course or program is a lecture, seminar, workshop, or academic course at an institution of higher education; distance learning courses through an accredited college or university which does not lead to a degree; or on-the-job training offered by an agency.

---

Signature

---

Date