





*State of Nevada*  
**The Board of Examiners for Marriage and Family Therapists  
 and Clinical Professional Counselors**

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20\_\_ CEU Reporting Form  
 (CEUs done in 20\_\_)

NAME: \_\_\_\_\_ LIC NO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_ - \_\_\_\_\_ CELL: ( ) \_\_\_\_\_ - \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ EMAIL: \_\_\_\_\_

To maintain licensure in the State of Nevada, a Marriage & Family Therapist and/or Clinical Professional Counselor is required to acquire at least 20 hrs of Continuing Education Units per year immediately preceding the date of renewal. At least 3 hrs must be in Ethics. At least 2 hrs must be in Suicide Prevention. Not more than 10 hours can be distance education. At least 1 hr must be in Supervision for Supervisors. **(IAW NRS 641A160, NAC 641A.131 and NAC 641A.133.)**

Course Title:	Organization Sponsor	On-Line/In-Person	Date(s)	CEU Approval Number	Number of CEU hrs.
Ethics Course:		O/I			
Suicide Prevention Course:		O/I			
Supervision Course:		O/I			
		O/I			
		O/I			
		O/I			
		O/I			
		O/I			
		O/I			
		O/I			
		O/I			
		O/I			

I certify that I have completed 20 MFT/ CPC related CEU hrs and I certify that I have attendance/ completion certificates in my files.

\_\_\_\_\_  
 Signature Date