

STATE OF NEVADA  
BOARD OF EXAMINERS FOR MARRIAGE AND FAMILY THERAPISTS  
P.O. BOX 370130 LAS VEGAS, NV 89137  
PROVIDER CONTINUING EDUCATION CREDIT DETERMINATION FORM

Applicants Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Course/Seminar/Workshop: \_\_\_\_\_

Date of Offering: \_\_\_\_\_

Presenter: \_\_\_\_\_ Credentials: \_\_\_\_\_

Location: \_\_\_\_\_ Offered Regularly: Yes \_\_\_\_\_ No \_\_\_\_\_

Frequency of Offering: \_\_\_\_\_ Sponsored: \_\_\_\_\_

Objective of Offering: \_\_\_\_\_

Teaching Format: \_\_\_\_\_

Certificate of Attendance: \_\_\_\_\_ Brochure Attached: \_\_\_\_\_

Subject Area: (check one) Must be related to the field of Marriage and Family Therapy

- \_\_\_\_\_ 1. Human biological, psychological and social development
- \_\_\_\_\_ 2. Human sexuality
- \_\_\_\_\_ 3. Psychopathology
- \_\_\_\_\_ 4. Cross cultural mores and values
- \_\_\_\_\_ 5. Professional ethics and law
- \_\_\_\_\_ 6. Human communication
- \_\_\_\_\_ 7. Theories of marriage and family child therapy
- \_\_\_\_\_ 8. Research methodology
- \_\_\_\_\_ 9. Theories and application of psychological therapy
- \_\_\_\_\_ 10. Methods of supervision
- \_\_\_\_\_ 11. Assessment, diagnosis, prognosis, and treatment of premarital family
- \_\_\_\_\_ 12. Psychotherapeutic techniques
- \_\_\_\_\_ 13. Other (as approved by board)

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

Date Approved: _____
Hours Approved: _____
MFT #: _____

SPACE BELOW FOR COMMITTEE USE: \_\_\_\_\_

Does this offering meet board regulation? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Approved: Yes: \_\_\_\_\_ No: \_\_\_\_\_ Date: \_\_\_\_\_ Approved Until: \_\_\_\_\_

If not approved, reason why: \_\_\_\_\_  
\_\_\_\_\_

Date copy sent to: Board office: \_\_\_\_\_ Committee: \_\_\_\_\_ Presenter: \_\_\_\_\_

REQUIRED INSTRUCTOR QUALIFICATIONS

NAME: \_\_\_\_\_

CURRENT POSITION: \_\_\_\_\_

COURSE BEING PRESENTED: \_\_\_\_\_

LICENSE OR CERTIFICATES HELD: \_\_\_\_\_

Type	License #	Exp. Date

EDUCATIONAL BACKGROUND:

School	Degree Earned	Major	Date

ADDITIONAL WORK EXPERIENCE IN FIELD OF PRESENTATION:

Institution	Position Held	Date (To-From)

EXPERIENCE that makes the instructor uniquely qualified:


MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS: (List Name of current memberships only)


NOTE: Only give information on qualifications that apply to this course.

REQUIRED COURSE CONTENT FORM

PURPOSE: \_\_\_\_\_

BEHAVIORAL OBJECTIVES	CONTENT (BRIEF OUTLINE)	TIME ALLOTTED	INSTRUCTOR	METHOD OF PRESENTATION	PARTICIPANT EVALUATION METHOD