

STATE OF NEVADA
BOARD OF EXAMINERS FOR MFT & CPC
7324 W Cheyenne Avenue, Suite #10 Las Vegas, NV 89129
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 MFT or CPC

- _____ 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