

**Mississippi Board of Examiners for  
Social Workers/Marriage & Family Therapists  
P.O. Box 4508  
Jackson, MS 39296-4508  
(601) 987-6806/Fax (601) 987-6808  
www.swmft.ms.gov**

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**APPROVED SPONSOR APPLICATION FOR INDIVIDUAL PROGRAM**

**As outlined in the rules and regulations, approved providers are not required to submit an additional application fee per offering. However, they must submit this application for each individual continuing education offering to the MFT Continuing Education Committee for possible approval. Each approved offering will be issued an approval number that must appear on the certificate provided to the participant. All applications should be received at least sixty days in advance of the offering in order to receive full consideration by the Committee.**

Provider Name:
Provider Approval Number and Renewal Date:
Title of Program:
Date(s) of Program:
Location(s) of Program:
Number of Approved CE Hours Requested by Type (general/ethics/supervision):
Contact Person and email information:
Brief statement of relevance to LMFTs:
Please include the following information here or as an attachment. If your program brochure covers this information, please use the brochure as your attachment: 1) Names and qualifications of presenters; and 2) Outline of curriculum, including titles, brief descriptions, and program schedule.

Send this completed form and any attachments to [bdilworth@swmft.ms.gov](mailto:bdilworth@swmft.ms.gov) or mail to MFT Continuing Education Committee, Mississippi Board of Examiners for Social Workers and Marriage and Family Therapists, P.O. Box 4508, Jackson, MS 39296-4508.

All questions about the approval of individual programs should be directed to the Board at 601-987-6806.

**Do not write below this line**

**Approved for \_\_\_\_\_ general continuing education hours**

**Approved for \_\_\_\_\_ MFT ethics hours**

**Approved for \_\_\_\_\_ MFT supervision hours**

**APPROVAL NUMBER TO BE INCLUDED ON CERTIFICATE: \_\_\_\_\_**

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**MFT CE Committee**