

**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**

**APPLICATION FOR INDIVIDUAL PROGRAM FOR NON-
APPROVED CONTINUING EDUCATION PROVIDERS**

All applications for approval of continuing education offerings are to be submitted to the MFT Continuing Education Committee for approval. All applications are to be sent to the 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 approved offerings for LMFTs must be relevant to the practice of marriage and family therapy.

All applications should be accompanied by the appropriate fee and received at least **sixty days** in advance of the offering in order to receive full consideration by the Committee. Each approved offering will be issued an approval number that must appear on the certificate provided to the participant.

Provider Name:
Title of Program:
Date(s) of Program:
Location(s) of Program:
Number of Approved CE Hours Requested by Type (general/ethics/supervision)
Target Audience:
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.

Mail this completed form, all necessary materials, and \$50 application fee (cashier's check or money order) to the 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 601-987-6808.

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: _____

MFT CE Committee