CONTINUNING EDUCATION FORM FOR MARRIAGE AND FAMILY THERAPISTS

Please record your approved continuing education hours to renew your license. Return this form along with your renewal application and fee.

YOUR NAME:	LICENSE NUMBER:

COURSE SPONSOR	COURSE NAME	Approved Sponsors #	DATE	GENERAL HOURS	SUPERVISION HOURS	ETHICS HOURS

TOTAL # OF GENERAL HOURS:	**TOTAL # OF ETHICS HOURS:**	**TOTAL # OF SUPERVISION HOURS:**	**GRAND TOTAL:**

MISSISSIPPI BOARD OF EXAMINERS FOR SOCIAL WORKERS AND MARRIAGE AND FAMILY THERAPISTS