Board of Examiners for Counselors & Marriage and Family Therapists
Request for Approval of Continuing Education Training
(This request must be submitted 30 days before or after the training)

Title of Training: _____

Sponsoring Agency: _____

Date of Training: _____

Location of Training (City/State):_____

Training Instructor(s): _____

Qualifications of Instructor(s): (*Sponsoring Agency attach Vitae for Instructors*) _____

_____

Type of Training: ☐ Conference/Workshop/Lecture ☐ In-Service Training ☐ Online Training ☐ Presentation

Type of Hours Requested (total number by category): _____ General _____ Ethics _____ Supervision
(Actual session hours – breaks and meals will not be counted in the number of approved hours)

Documentation of the training must be attached to this form. Include a printed program, agenda, or brochure with the topics offered and a complete schedule of the training (actual hours for sessions, breaks and lunches, etc.) as well as a certificate of completion.

Person submitting this form (check one):

☐ I am an individual licensee **OR** ☐ I am an agency sponsor representative

Name: _____

Address: _____

City: _____ State: _____ Zip:_____

Phone: _____ E-mail: _____

COMPLETE THE ABOVE INFORMATION AND SUBMIT THE REQUIRED SUPPORTING DOCUMENT TO:
SD BOARD OF EXAMINERS FOR COUNSELORS & MARRIAGE AND FAMILY THERAPISTS
PO BOX 340, PIERRE, SD 57501 OR SDBCE@MIDWESTSOLUTIONSSD.COM

APPROVAL: The Board of Examiners for Counselors & Marriage and Family Therapists will complete this section and a copy of the form will be returned to you. Once returned, please keep these approvals for the requested courses in the event you or any attendee of the course is selected for a random audit when licenses are subjected to renewal.

THIS TRAINING IS APPROVED FOR CONTINUING EDUCATION FOR THE BOARD OF EXAMINERS FOR COUNSELORS AND MARRIAGE AND FAMILY THERAPISTS FOR THE FOLLOWING HOURS:

_____ General Hours _____ Ethics Hours _____ Supervision Hours

_____ _____
Authorized Signature Date