

**Applying for Continuing Education Units (CEUs)
from the
American Association of Marriage and Family Therapy, NH Division (NHAMFT)**

To apply for NHAMFT CEUs, please fill out the form on the next page, and *submit all application materials to:*

The NHAMFT Secretary, Janet Robertson, Ph.D, LMFT via email

Email: jrobertson@antioch.edu

CEU Fees:

- 3 CEUs - \$40.00
- 6 CEUs - \$75.00
- MAX CEUs - \$150.00 (i.e. One program offering 26 CEUs through various workshops would only result in \$150.00 of CEU fees).
- For non-profit organizations or agencies, repeat CEUs for programs already approved within a calendar year--\$15.00
- For MFT programs in NH: No charge

Once approved, you will be directed where to send the check (i.e. to the Treasurer of the NHAMFT), and wording to be used on your CEU certificates, along with a CEU number, will be provided to you. Checks should be made out to "NHAMFT".

Organizations granting CEUs need to keep copies of the sign in-sheets and evaluations for two years after the training.

Please be sure to enclose the evaluation form you will be using for each workshop.

**American Association for Marriage and Family Therapy, New Hampshire Division
(NHAMFT)
Continuing Education Credit Application Form**

- 1. Sponsoring Organization:**
- 2. Date of this application:**
- 3. Date that you need a response back from this application:**

- 4. Overall program name (note: if you are applying for CEUs for one workshop, the program name will likely match the workshop name – however some applicants offer a program with multiple workshops):**

- 5. Person Responsible for the Program:**

- 6. CEU Contact Person and Information (phone, email, address):**
- 7. For *each* workshop session you wish to award CEUs for please provide *****

A. Workshop Title

B. Date of Workshop:

C. Length of Workshop (number of hours). Note: This length will determine the number of CEUs you will be awarded

D. Location

E. Target Audience

F. Workshop Content Description

G. Learning Objectives for the Course

H. Instructional Methodology

Lecture () Case Presentation () Audiovisual ()

Discussion Groups () Other () _____

Specify

I. Biography of presenter/s including credentials and qualifications

J. If references are available for the workshop, please provide these

Please also attach the evaluation form that will be utilized for the workshop

*** Note: Items A through J above must be provided for *each* workshop within your program. So for example if you are offering a 1.5 hour workshop on helping families work with referral sources, and a 6.0 hour workshop on families and trauma, and a 2.0 hour workshop on counseling families with young children, then your response to number 4 will include items A through K for each of the three workshops independently.