

DEPARTMENT OF HEALTH & MENTAL HYGIENE BOARD OF
PROFESSIONAL COUNSELORS AND THERAPISTS
4201 PATTERSON AVENUE
BALTIMORE, MARYLAND 21215
410-764-4732

BOARD USE ONLY

DATE SUBMITTED: _____

FEE RECEIVED: _____

APPROVED/DISAPPROVED: _____

DATE MAILED: _____

PROCESSED BY: _____

CEU: -----

*APPLICATION FOR APPROVAL OF CONTINUING EDUCATION HOURS
INDIVIDUAL PARTICIPATION*

The fee for review is \$15 (per occurrence) See Code of Maryland Regulation (COMAR 10.58.02.02(R)).

If this is an "Approved Program" or an activity offered by an "Authorized _Sponsor," this form is not needed. An "Approved Program" is an activity that has been reviewed and approved by the Board for Category A credit. An "Authorized Sponsor" is an organization or individual whose activities have been reviewed and approved by the Board to present "Category A" programs. "Category A" activities must be formally organized and classified as a course, workshop, seminar, or symposium.

1. Licensee or Certificate Holder's Name -----
2. Address -----
3. Email -----
4. License or Certification Number -----
5. Nature of CE Activity (e.g., workshop, educational meeting, in-service programs, seminars, etc.) ----

6. Sponsored By -----
7. Target Audience -----
8. Description of Activity -----
9. Date of Activity -----
10. Location -----
11. Duration of Activity (number of hours excluding lunch and breaks) -----

PLEASE ATTACH COPY OF THE PROGRAM.

PLEASE NOTE: Approval of this form means that the program is approved for continuing education credit. This form is not sufficient for verification of your attendance at the program. You are responsible for obtaining a certificate of completion of the program to verify the number of hours you attended. Certificates of completion must be retained by the Licensee or Certificate Holder for 5 years after the date of renewal.