**OUT OF STATE MARRIAGE & FAMILY THERAPY CONTINUING EDUCATION APPROVAL**

**INSTRUCTIONS**

This application MUST be submitted prior to participation in the program or within 90 days prior to expiration of the license.

A separate application must be submitted for each program for which you are seeking approval. This form may be duplicated. Please print or type in **BLACK ink only**.

If not submitted within the required time frame, late approval may be obtained by submitting a $25 processing fee plus a $10 per hour late fee, not to exceed $150.

Submit the following with this form:

<table>
<thead>
<tr>
<th><strong>1. OFFICIAL NAME OF SPONSORING ORGANIZATION OR INSTITUTION</strong></th>
<th><strong>2. TELEPHONE NUMBER</strong> (Include Area Code)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>3. ADDRESS OF ORGANIZATION OR INSTITUTION</strong> (Include Street, City, State, and ZIP Code)</td>
<td><strong>4. NAME OF PERSON RESPONSIBLE FOR C.E. PROGRAM</strong></td>
</tr>
<tr>
<td><strong>5. TITLE</strong></td>
<td><strong>6. TITLE OF PROGRAM</strong></td>
</tr>
<tr>
<td><strong>7. NUMBER OF CLOCK HOURS REQUESTED</strong></td>
<td><strong>8. IS THIS PROGRAM OPEN TO ALL MARRIAGE &amp; FAMILY THERAPISTS?</strong></td>
</tr>
<tr>
<td><strong>9. SITE(S) OF PROGRAM</strong></td>
<td><strong>10. DATE(S) ATTENDED</strong></td>
</tr>
</tbody>
</table>

**11. HOW DOES THIS PROGRAM RELATE TO THE PROFESSION OF MARRIAGE AND FAMILY THERAPY?**

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Email Address (Required)

Signature of Person Submitting Application

Type or Print Name of Person Submitting Application

Illinois License Number

Date

My signature above authorizes the Department of Financial and Professional Regulation to reduce the amount of this check if the amount submitted is not correct. I understand this will be done only if the amount submitted is greater than the required fee hereunder, but in no event shall such reduction be made in an amount greater than $50.

**OFFICIAL USE ONLY**

☐ Approved ☐ Denied ☐ Deferred No. of Approved Hours ______

COMMENTS: ____________________________