



## Authorization of Continuing Education Units

The Washington American Marriage and Family Therapy can authorize Continuing Education Units (CEUs) for any clinical educational program that you may be offering in the coming year. CEUs can be authorized for all three licensed master's level groups - marriage and family therapists (LMFTs), mental health counselors (LMHCs), and social workers (LICSWs), or any combination of these groups. As you are undoubtedly aware, continuing education is an on-going responsibility for license renewal by all three professions.

As you consider your educational offerings for the coming year, we would be pleased to have you contact us at [wamft@wamft.org](mailto:wamft@wamft.org) for more information on our credentialing process.

The CEU application can be found below and can be accessed from our website at [wamft.org](http://wamft.org).

### CEU Application Guidelines:

1. Submit an application and non-refundable processing fee to WAMFT. Applications, with supporting materials, must be submitted for review and approval four (4) weeks prior to advertising WAMFT approval. Incomplete applications will be returned.
2. The content of the topic/presentation must conform to the scope of practice for each separate discipline for which approval is requested (social work, marriage and family therapists, mental health counselors). Please refer to WAC 246-810-600 through 620 for details related to course acceptability and course content requirements for each of the disciplines.
3. All past programs and the program currently being planned must meet the standards currently outlined.
4. Re-Application: If the reviewing team rejects an application, a notice stating the specific reason(s) for the rejection and what is needed to bring it into compliance will be sent to the applicant. An applicant may either revise the application according to the requests of the reviewers or the applicant may appeal the decision, but must do so within thirty (30) days of its return. The application fee is non-refundable; however, no additional fee will be required to appeal or resubmit an application for approval.
5. Appeal Process: An applicant must contact the Program Administrator within thirty (30) days of return of the application to request to meet or confer with the review committee to defend the information provided in the application. This may be done in person or in writing. The applicant may request one additional review. If the application is rejected the second time, the application will not be accepted until the requested revisions are made.
6. Instructor Requirements: instructors teaching a course must have **AT LEAST THREE** of the following minimum qualifications. Please include verification of these in your application bio:
  - A license, registration, or certificate in an area related to the subject matter of the course. The license, registration, or certificate shall be current, valid, and free from restrictions due to disciplinary action by this board or any other health care regulatory agency.



- A master's or higher degree from an educational institution in an area related to the subject matter of the course.
- Training, licensure, or experience in teaching the course or subject matter related to the course.
- At least two years' work experience in an area related to the subject matter of the course.

#### 7. Provider Requirements

- Providers must agree to a random audit of course materials;
- Each participant must be provided with a certificate or document that includes the participant's name; name of the activity; number of CE credit hours; date(s) of activity; and signature of the program coordinator;
- A program evaluation should be obtained from each attendee;
- A copy of each completed evaluation or a composite of the completed evaluations must be returned to the WAMFT Program Administrator within 45 days after the event;
- A copy of the program flyer or brochure must be sent to the WAMFT Program Administrator within 45 days after the event.

To apply for CEUs, download the application, complete the application in its entirety, including supporting documents, and email the complete application to: [wamft@wamft.org](mailto:wamft@wamft.org) at least 30 days prior to the scheduled event. Payments may be made using credit/debit cards at: <https://www.paypal.me/WashingtonAssocMFT>. Printed applications and checks must be received at least 45 days prior to the scheduled event and mailed to WAMFT at 1300 W. Nickerson St. #128 Seattle, WA 98119. Applications submitted after these deadlines will be assessed a \$75 rush fee.

## WAMFT Continuing Education Application

THE WASHINGTON ASSOCIATION FOR MARRIAGE AND FAMILY  
THERAPY 1300 W. Nickerson St. #128, Seattle, WA 98119  
[wamft@wamft.org](mailto:wamft@wamft.org) 206.450.8931



Fill out this application in its entirety, including supporting documents, and email the complete application to [wamft@wamft.org](mailto:wamft@wamft.org) at least 30 days prior to the scheduled event. Payments may be made using credit/debit cards at: <https://www.paypal.me/WashingtonAssocMFT>. Printed applications and checks must be received at least 45 days prior to the scheduled event and mailed to WAMFT 1300 W. Nickerson St. #128 Seattle, WA 98119. Applications submitted after these deadlines will be assessed a \$75 rush fee.

**Applications must be clearly printed or typed.**

**Contact Information**

Today's Date	
Event Title	
Provider (check one) Agency___ Individual___	
Contact Name	
Address	
City, State, Zip	
Email	
Phone	

**Event Type**

Type of Event	Multiple Discipline Approval	Select One
Conference, Multi-day Workshop, Institute, Course	\$200	
Single Event (Workshop, Seminar)	\$100	
Repeat of a Previously Approved Single Event	\$75	
Rush Fee (for applications submitted less than 4 weeks prior to event)	\$75	

Printed applications and checks should be sent to the WAMFT. Make checks payable to WAMFT and mail to: WAMFT, Attn: CEU Approval, 1300 W. Nickerson St. #128 Seattle, WA 98119

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**Event Information** – include on a separate page(s)

1. Title of Event
2. Description of Event
3. Date of Event
4. Location of Event
5. Number of CEUs (1 CEU = 60 minutes of instruction)
6. Number of Ethics CEUs (if any)
7. Workshop Outline
8. Measurable Learning Objectives (minimum of two)
9. Evaluation Form

**Trainer Information** – include on a separate page(s)

1. Instructor Requirements: instructors teaching a course must have AT LEAST THREE of the following minimum qualifications. Please check all that apply and include in your attached bio:
  - A license, registration, or certificate in an area related to the subject matter of the course. The license, registration, or certificate shall be current, valid, and free from restrictions due to disciplinary action by this board or any other health care regulatory agency.
  - A master's or higher degree from an educational institution in an area related to the subject matter of the course.
  - Training, licensure, or experience in teaching the course or subject matter related to the course.
  - At least two years' work experience in an area related to the subject matter of the course.
2. Attach name, title and bio or resume of primary instructor
3. Attach name, title and bio or resume of secondary instructor
4. Describe your background in providing and coordinating continuing education programs for marriage and family therapists

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5. Please list other professional organizations that have given you their approval

## **Application Instructions and Attestation**

The Washington Association of Marriage and Family Therapy (WAMFT) for Clinical Marriage and Family Therapy can authorize Continuing Education Units (CEUs) for any clinical educational program that you may be offering in the coming year. CEUs can be authorized for all three licensed master's level groups - marriage and family therapists (LMFTs), mental health counselors (LMHCs), and social workers (LICSWs), or any combination of these groups. As you are undoubtedly aware, continuing education is an on-going responsibility for license renewal by all three professions. Below are the application guidelines. For more information, please visit [wamft@wamft.org](mailto:wamft@wamft.org)

1. Submit an application and non-refundable processing fee to WAMFT. Applications, with supporting materials, must be submitted for review and approval four (4) weeks prior to advertising WAMFT approval. Incomplete applications will be returned.
2. The content of the topic/presentation must conform to the scope of practice for each separate discipline for which approval is requested (social work, marriage and family therapists, mental health counselors). Please refer to WAC 246-810-600 through 620 for details related to course acceptability and course content requirements for each of the disciplines.
3. If you are applying for a Two-Year Unlimited Event, please note that you must submit an application for each event. All past programs and the program currently being planned must meet the standards currently outlined. In addition, the provider/organization requesting this status must submit documentation from three (3) previously held events, including:
  - a. Event name, instructor and bio addressing how the presenter/trainer is appropriate and has the skills, competencies or experience to offer this training;
  - b. Event outlines, measurable objectives;
  - c. Event brochure or program
4. Re-Application: If the reviewing team rejects an application, a notice stating the specific reason(s) for the rejection and what is needed to bring it into compliance will be sent to the applicant. An applicant may either revise the application according to the requests of the reviewers or the applicant may appeal the decision, but must do so within thirty (30) days of its return. The application fee is non-refundable; however, no additional fee will be required to appeal or resubmit an application for approval.
5. Appeal Process: An applicant must contact the Program Administrator within thirty (30) days of return of the application to request to meet or confer with the review committee to defend the information provided in the application. This may be done in person or in writing. The applicant may request one additional review. If the application is rejected the second time, the application will not be accepted until the requested revisions are made.
6. Provider Requirements:

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- a. Providers must agree to a random audit of course materials;
- b. Each participant must be provided with a certificate or document that includes the participant's name; name of the activity; number of CE credit hours; number of Ethics CE credit hours (if any), date(s) of activity; and signature of the program coordinator;
- c. A program evaluation should be obtained from each attendee;
- d. A copy of each completed evaluation or a composite of the completed evaluations must be returned to the WAMFT Program Administrator within 45 days after the event;
- e. A copy of the program flyer or brochure must be sent to the WAMFT Program Administrator within 45 days after the event.

I declare that I have read the above guidelines. I confirm that the enclosed information/documents

are true. I understand that any false statements may result in the revocation of provider approval.

Signature of Applicant:

\_\_\_\_\_ Date: \_\_\_\_\_