FOR AUDIT ONLY: LATE POST PROGRAM APPROVAL FORM

Complete this form for **AUDIT Response Only** for non-approved continuing education programs and to receive credit for college coursework, a published book, journal article or for teaching. Any non-approved CEU hours need post program approval to count towards your renewal CEUs. Include this completed form with your audit. Be certain you ATTACH all required documentation. **Do not use for non-audit requests.**

	Counselor		**Social Worker**	**Marriage & Family Therapist**

Non-Approved Continuing Education Program:

Attach to this form: a certificate of completion or attendance certificate along with the sponsor's program description or brochure

Note: Submit a separate form for each program. For large conventions submit one form with documentation or a detailed brochure indicating sessions attended and a copy of certificate of attendance.

Program Title:	Program date:
Program location (City & State) :	#Hours Requested:

Name & address of program sponsor:

Program Instructor:	Method used to evaluate the program:

Teaching, Presenter, Instructor a workshop, college course, or training program

Attach to this form: a syllabus or brochure showing the date and you as the presenter/instructor

Program or course Title:			Program date:
Program topic:	Method your students used to evaluate the program:	Number of instructors:	Hours or credit earned by your students:

Publications: Journal Articles, Book Chapter, Published Book
Attach to this form:
a copy of your article,
a copy publication page for published books or book chapters.

Title:	ISBN Number:	Publication date:
Topic:	Number of authors:	Number of pages or word count *do not include references*:

College Coursework : completed in a field other than the field you are licensed
Attach to this form:
a copy of the course syllabus or course catalog description and
a copy of your grade report or unofficial transcript as proof of completion

Course Title:			
Semester:	Quarter:	Date course was completed (i.e. fall 2013):	
Degree Program:	Or Department course was taken in:	Graduate:	Under Graduate:

Name: _____ License Number: _____

The above application information is accurate. I understand that this application will be automatically disapproved if not accompanied by the materials required in the directions on this form. Post approval request should be submitted within 90 days of course completion or prior to renewal of your license to ensure you receive a response prior to renewal of your license. By completing this form I acknowledge that I renewed with non-approved continuing education hours which is in violation of 4757-11-01(b).

Signature: _____ Date: _____