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State Of Ohio
Counselor, Social Worker and
Marriage and Family Therapist Board

50 W. Broad St. Suite 1075
Columbus, OH 43215-5919
614-466-0912

Counselor Continuing Professional Education Request for Post-Program Approval

Directions: Licensed Professional Counselors, and Professional Clinical Counselors must use this form to request continuing education approval for professional development programs they have already attended and for which the program sponsor does not have pre-approval from the board.

You must submit a separate form for each program for which you seek approval.

When seeking post approval for large conventions submit a detailed brochure with individual information on each session and submit with one post program approval application.

You must detail which sessions you attended. You will only receive credit for actual attendance. These forms must be submitted within 90 days of the date the program was completed. No request for approval will be considered unless accompanied by the provider's program description (or brochure) and a certificate of completion (or an attendance statement signed by the presenter.) If you are submitting a college course, include copies of the course syllabus (or catalog course description) and your grade report. No continuing education completed before the effective date of your license can be approved. This form may also be used to request approval for presentation and distance learning options.

1. Program Title	
2. Program Dates	Number of Clock Hours Requested
3. Program Location (City and State)	
4. Name and Address of Program Sponsor	
5. Program Instructor(s) (Name[s] and degree[s])	
6. Review the Program Focus Areas listed below. Check all that apply. The workshop must reflect one of the Counselor Program Focus Areas. (Refer to Ohio Administrative Code section 4757-9-05.)	
Program Focus Areas Professional Counselors <input type="checkbox"/> Counseling Theories <input type="checkbox"/> Social/Cultural Foundations <input type="checkbox"/> Lifestyle/Career Development <input type="checkbox"/> Human Growth and Development <input type="checkbox"/> Counseling Techniques <input type="checkbox"/> Group Dynamics <input type="checkbox"/> Appraisal/Assessment <input type="checkbox"/> Research Evaluation <input type="checkbox"/> Professional Ethics	Clinical Counseling <input type="checkbox"/> Clinical Psychopathology, Personality & Abnormal Behavior <input type="checkbox"/> Diagnosis of Mental & Emotional Disorders <input type="checkbox"/> Evaluation of Mental & Emotional Status <input type="checkbox"/> Methods of Intervention & Prevention of Mental & Emotional Disorders <input type="checkbox"/> Treatment of Mental & Emotional Disorders <input type="checkbox"/> Other _____

7. Program objectives:

8. Clearly explain how the program directly relates to the areas of counseling that you checked in item 6:

9. Instructional methods used:

10. What method was used for you to evaluate the program?

11. Applicant information:

Completely fill out name and address.

List all licenses for which CEUs apply:

Name: _____

License #: _____

Address: _____

Expiration: _____

Is this a new address? Yes No

"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. I also understand if I hold a license in social work or marriage and family therapy that I can use this program, if approved, to also satisfy the renewal requirements for my social work and/or marriage and family therapist license."

Signature: _____

Office Use Only

Prior action N A D Date: _____

PSC Action N D Hours: _____ By: _____ Date: _____

Notification Date: _____