Department of Commerce, Community and Economic Development
Division of Corporations, Business and Professional Licensing
Board Marital and Family Therapy
PO Box 110806, Juneau, AK 99811
Phone: (907) 465-2550
Email: *BoardofMaritalAndFamilyTherapy@Alaska.Gov*
Website: *ProfessionalLicense.Alaska.Gov/BoardOfMaritalFamilyTherapy*

Continuing Education Activity Log

Note: This is not to be submitted to the board for renewal or audit of your license. This form is being provided for your personal records only.

Full Legal Name:		**AK License Number:**	
Renewal Period:			

You must meet the continuing education requirements in Article 3 of 12 AAC 19. Per 12 AAC 02.960(j), "successful completion" means the date that credit for the continuing competency activity is awarded by the instructor, sponsor, or other verifier for completion of the activity.

Supervisors must obtain two contact hours of continuing education related to the practice of supervising a marital and family therapist. You may include the two hours in the total continuing education hours required for renewal.

In the table below, the categories for hours are broken down as follows: G – General; P – Professional Ethics; A – Addictions; CC – Cross-Cultural Education; D – Domestic Violence; T – Teletherapy Practice; S – Supervision

Dates of Attendance	**Course/Seminar, Presentation/Publication or Workshop Title/Brief Description**	**Location (City and State, Website)**	**Principal Instructor**	**Sponsoring Organization**	**G**	**P**	**A**	**CC**	**D**	**T**	**S**	**Synchronous**
												☐ Yes ☐ No
												☐ Yes ☐ No
												☐ Yes ☐ No
												☐ Yes ☐ No
												☐ Yes ☐ No
Subtotal Hours for Each Category:					0	0	0	0	0	0	0	
Total Hours of Continuing Education:					0							

In the table below, the categories for hours are broken down as follows: G – General; P – Professional Ethics; A – Addictions; CC – Cross-Cultural Education; D – Domestic Violence; T – Teletherapy Practice; S – Supervision

Dates of Attendance	Course/Seminar, Presentation/Publication or Workshop Title/Brief Description	Location (City and State, Website)	Principal Instructor	Sponsoring Organization	G	P	A	CC	D	T	S	Synchronous
												☐ Yes ☐ No
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												☐ Yes ☐ No
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												☐ Yes ☐ No
												☐ Yes ☐ No
												☐ Yes ☐ No
												☐ Yes ☐ No
												☐ Yes ☐ No
				Subtotal Hours for Each Category:	0	0	0	0	0	0	0	
				Total Hours of Continuing Education:	0							