



THE STATE

of

ALASKA

Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

Board of Marital and Family Therapy

State Office Building, 333 Willoughby Avenue, 9th Floor

PO Box 110806, Juneau, AK 99811-0806

Phone: (907) 465-2550 • Fax: (907) 465-2974

Email: license@alaska.gov

Website: ProfessionalLicense.Alaska.Gov/BoardOfMaritalFamilyTherapy

Continuing Education Provider's Approval Form

In order for the Board of Marital and Family Therapy to review programs offered by providers for continuing education, the attached form must be filled out and submitted to the above address for Board review.

You must attach:

1. Course/seminar/workshop agenda with hourly break-down of each topic
2. Description of the learning purposes and objectives
3. List of instructors and their qualifications (resume or CV)

In accordance with 12 AAC 19.320(a), to be accepted by the Board, continuing education must contribute directly to the professional competency of a marital and family therapist and must be directly related to the skills and knowledge required to implement marital and family therapy principles and methods. The definition of the "practice of marital and family therapy" means:

... the diagnosis and treatment of mental and emotional disorders that are referenced in the standard diagnostic nomenclature for marital and family therapy, whether cognitive, affective, or behavioral, within the context of human relationships, particularly marital and family systems; marital and family therapy involves:

- (a) *the professional application of assessments and treatments of psycho-therapeutic services to individuals, couples, and families for the purpose of treating the diagnosed emotional and mental disorders.*
- (b) *an applied understanding of the dynamics of marital and family interactions, along with the application of psychotherapeutic and counseling techniques for the purpose of resolving intrapersonal and interpersonal conflict and changing perceptions, attitudes, and behaviors in the area of human relationships and family life.*

Therefore, your continuing education program must be in accordance with the regulations as stated above. Please fill out the attached form and return it to this office at the address provided. Attach other information, i.e., syllabus, workshop outline, that is pertinent for the Board to review regarding your program. Once the information has been received, the board will review and you will be notified by letter of the Board's decision.

- Instructors presenting information concerning counseling or the treatment of clients must hold an advanced degree (masters or higher) in a mental health field.
- Instructors whose topics are related to the professional continuing education of professional counselors/MFTs but **not** directly concerning counseling or the treatment of clients are not required to hold advanced degrees in a mental health fields, but must demonstrate completion of appropriate education and training with regard to the topic presented. The Board will consider such cases on a case-by-case basis.
- Topics must be relevant to the continuing education of professional counselors/MFTs. Programs designed for members of the general public, paraprofessional counselors or lay members of a church or other helping organizations to do counseling of individuals do not qualify for Board approval.

This form must be filled out completely for it to be considered by the Board.

All questions must be answered.



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Continuing Education Provider's Approval Form

SPONSORING ORGANIZATION OR PROVIDER

| | | | |
|-------------------------------|--|--------------|--|
| Name | | | |
| Address | | | |
| Email | | Phone | |
| Person Submitting Form | | Phone | |

COURSE, SEMINAR OR WORKSHOP

| | | | |
|-----------------|--|--------------|--|
| Title | | | |
| Location | | Dates | |

Delivery Type(s)

- Live (in-person)
 Classroom
 Distance
 Online
 Other: _____

Topic and Hours:

- | | | |
|---|--|--|
| <input type="checkbox"/> ___ Emotional, Mental, Behavioral Health | <input type="checkbox"/> ___ Supervisory | <input type="checkbox"/> ___ Domestic Abuse |
| <input type="checkbox"/> ___ Childhood and Adolescent Therapy | <input type="checkbox"/> ___ Adult Therapy | <input type="checkbox"/> ___ Ethics and Boundaries |
| <input type="checkbox"/> ___ Marriage and Relationships | <input type="checkbox"/> ___ Addictions | <input type="checkbox"/> ___ Counseling Techniques |
| <input type="checkbox"/> ___ Diagnosis and Treatment | <input type="checkbox"/> ___ Other: _____ | |

- Total Hours Requested: _____
- Attendance Verification Method: _____
- If this has been approved by another board, which board? _____

The Following Must be Attached:

- Course/seminar/workshop agenda with hourly break-down of each topic
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- List of instructors and their qualifications (resume or CV)

X **Signature:** _____ **Date:** _____