



**STATE OF ALASKA  
DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC  
DEVELOPMENT  
DIVISION OF CORPORATIONS, BUSINESS AND PROFESSIONAL  
LICENSING  
BOARD OF MARITAL AND FAMILY THERAPY  
P.O. BOX 110806  
JUNEAU, AK 99811-0806  
PHONE: (907) 465-2551  
E-mail: [license@alaska.gov](mailto:license@alaska.gov)**

## **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.

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 psychotherapeutic 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.

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

**Answer all questions.**



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## CONTINUING EDUCATION PROVIDER'S APPROVAL FORM

Name of Sponsoring Organization: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Title of Course: \_\_\_\_\_

Date(s) and Location(s) Course Being Offered: \_\_\_\_\_

Learning Purposes and Objectives as they Relate to the Marital and Family Therapy Definition, AS 08.63.900(5):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Instructor(s) Name: \_\_\_\_\_

Instructor(s) Credentials: \_\_\_\_\_

Which professional association(s) has approved your program: \_\_\_\_\_

\_\_\_\_\_

Number of Contact Hours Given: \_\_\_\_\_

**Submit an agenda to support the number of hours requested.**

Method you will use to verify attendance: \_\_\_\_\_

\_\_\_\_\_