

SC DEPARTMENT OF LABOR, LICENSING AND REGULATION, POL DIVISION
BOARD OF EXAMINERS FOR THE LICENSURE OF PROFESSIONAL
COUNSELORS, MARRIAGE AND FAMILY THERAPISTS, AND
PSYCHO-EDUCATIONAL SPECIALISTS
Post Office Box 11329
Columbia, SC 29211-1329
(803) 896-4658

FOR OFFICE USE:

Date Received _____ Fee Paid _____ Approval# _____

**APPLICATION FOR PERMANENT SPONSORSHIP OF CONTINUING EDUCATION
ACTIVITIES**

Instructions to Applicant

Please complete all of the following items, being as brief as possible. The information you provide with this application will assist the Board in determining whether your organization qualifies as an approved sponsor.

Refer to the checklist at the end of this application before submitting your application.

Name of Sponsor Organization/Individual

CE Director (Contact Person)

Mailing Address

City

State

Zip

(_____) _____

Phone Number

Date Submitted

Sponsor Organization Tax ID# or Individual SS#

I. GENERAL INFORMATION

A. Business type (check one):

- University/college/school
- Individual
- Government agency
- Limited Company
- Limited Liability Company
- Limited Liability Partnership
- Partnership
- Professional Corporation
- Sole Proprietor
- Facility
- Enforcement Entry
- Corporation
- Company
- Board
- Association

B. Target Audience

- Counselors Marriage & Family Therapists Both
- Psycho-Educational Specialists (school psychologists)
- Other: _____

C. Have you previously applied to the Board of Examiners for approval as a sponsor of CE programs? Yes No Date(s) _____

II. FACILITIES

Describe the facilities where continuing education activities will take place.

Have provisions been made for persons with disabilities to have access to the facilities?

- Yes No

Are your facilities private enough to safeguard the confidentiality of case materials used in CE activities? Yes No

III. EVALUATIONS

How do you evaluate participant satisfaction? **(Attach sample of instrument used)**

Explain the manner in which you or your organization utilizes these evaluations for future planning.

IV. CURRICULUM CONTENT

Who develops the learning objectives for each continuing education activity and by what process?

Are specific prerequisites (education, training, license) required for attendance at your activities?

Yes No (If so, how do you screen?)

Are you approved by any other agency to award continuing education credits?

Yes No (If yes, please list)

V. STANDARDS FOR AWAITING CREDIT

What constitutes completion of the activity for the purpose of awarding CE credit?

Please enclose a copy of the CE certification/letter awarded participants upon completion of CE activity.

Do you keep records of credit awarded to participants in CE activities?

Yes No

If you or your organization is approved for permanent sponsorship, the following information shall be provided to your participants in your promotional materials. Please indicate which items you currently include and state your intentions to include the other items. (check the appropriate items).

- a. Educational objectives
- b. Schedule and format
- c. Cost of activity
- d. Prerequisites for participants
- e. Items covered by fee
- f. Faculty credentials
- g. Number of CE credits

I understand that the information in this application will be kept confidential. I also understand that the information provided herein is accurate, and if approved, agree to abide by criteria and procedures set forth in this document.

Signature of CE Program Administrator

Date

Applicant Checklist

- **Application fee of \$150.00**
- **Completed application form**
- **Attach sample of evaluation instruments used**
- **Attach copy of CE certification/letter awarded participants upon completion**
- **Attach a summary vitae of individual in charge of the CE program; which lists educational background, employment and experience**

Rev 2/07