**CONTINUING EDUCATION COURSE APPLICATION**

**FEE: $20.00. (Note: Make $20 check payable to the Kentucky State Treasurer for each application submitted.)**

Please check the box for the TYPE of Continuing Education program you are applying for:

|  |  |
| --- | --- |
|  | General Continuing Education Program |
|  | Continuing Education Program in Suicide Assessment, Treatment and Management (201 KAR 36:030) |
|  | Continuing Education Program in Domestic Violence (201 KAR 36:030) |
|  | Continuing Education Program in LPC Law (201 KAR 36:030) |
|  | Continuing Education Program in Supervision Training (201 KAR 36:060, Section 3(3)) |

**PROVIDER INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
|  | | | |
| Provider Name: | | | |
|  |  |  |  |
| Mailing Address: Street | City | State | Zip Code |
| ( ) |  |  | |
| Telephone Number: | Email Address: | Website: | |

**COURSE INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
|  | | | |
| Course Name: | | | |
|  |  | Hours Requested:  (60 Minutes = 1 CE Hour) | |
| Course Date(s): | Course Length: |
| Course Location: | | | |
| Is this a Home Study Course:  Yes  No | | |  |
|  |

**APPLICATION REQUIREMENTS**

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| Please attach the following, which includes educational objectives:   1. A published course or similar description. 2. Names and qualifications of the instructors. 3. A copy of the agenda indicating the hours of education, breaks and lunch, with the specific time for each topic and break in the program being listed. 4. Number of continuing education hours requested. 5. Official certificate of completion or college transcript from the sponsoring agency or college. 6. A copy of the course evaluation form for the program. 7. Submission of the $20 fee for each application submitted, made payable to the Kentucky State Treasurer |

DPL-LPC-01

Rev. December 2023

KRS 335.515(3), (6), 335.535(8), 201 KAR 36:030