



KENTUCKY BOARD OF LICENSED PROFESSIONAL COUNSELORS

P. O. Box 1360, Frankfort, Kentucky 40602  
Phone (502) 564-3296  
http://lpc.ky.gov

CONTINUING EDUCATION COURSE APPLICATION

NOTE: THERE IS A \$20.00 FEE, MADE 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:

<input type="checkbox"/>	General Continuing Education Program
<input type="checkbox"/>	Continuing Education Program in Suicide Assessment, Treatment and Management to fulfil 201 KAR 36:030
<input type="checkbox"/>	Continuing Education Program in Domestic Violence to fulfil 201 KAR 36:030
<input type="checkbox"/>	Continuing Education Program in LPC Law to fulfil 201 KAR 36:030
<input type="checkbox"/>	Continuing Education Program in Supervision Training to fulfil 201 KAR 36:060, Section 3(3)

PROVIDER'S NAME/ORGANIZATION NAME

PROVIDER'S/ORGANIZATION'S MAILING ADDRESS

CITY STATE ZIP

Is email notification of Board action acceptable? \_\_\_ No \_\_\_ Yes

Email Address

If you prefer hard copy notification of Board action, please provide name and address of person to receive it.

Name

Street Address

City State Zip

TITLE OF PROGRAM

INSTRUCTOR(S)

LOCATION OF PROGRAM

DATE OF TRAINING: IS THIS A HOME STUDY COURSE:  YES  NO

INTENDED NUMBER OF PARTICIPANTS: INTENDED AUDIENCE

NUMBER OF HOURS REQUESTED FOR APPROVAL (Continuing education hour's means 50 minutes of participating in continuing education experiences)

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 program agenda indicating hours of education, coffee and lunch breaks;
- (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 evaluation instrument for the program.