

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 CONTINUING EDUCATION ACTIVITY**

1. Title of workshop/CE/Training: \_\_\_\_\_

\_\_\_\_\_

Date/s: \_\_\_\_\_

Place: \_\_\_\_\_

2. Target audience: (check appropriate professions)

Counselors

Marriage and Family Therapists

Both

Other (Please specify) \_\_\_\_\_

3. Leader/Instructor: Provide name, affiliation, address, and daytime phone numbers for each leader/ instructor. **Also include a summary vita of the presenter/s that lists educational background. IF YOU ARE OFFERING TRAINING IN A SPECIALIZED AREA, PROVIDE A COPY OF YOUR CERTIFICATION IN THAT AREA OF EXPERTISE (Certified Clinical Hypnotherapist, Registered Play Therapist, etc.)**

(1<sup>st</sup> Leader) Name \_\_\_\_\_

Affiliation \_\_\_\_\_

Address/Telephone# \_\_\_\_\_

\_\_\_\_\_

Educational Background \_\_\_\_\_

\_\_\_\_\_

CE Sponsor Application  
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Leader/Instructor-continued

(2<sup>nd</sup> Leader) Name \_\_\_\_\_

Affiliation \_\_\_\_\_

Address/Telephone# \_\_\_\_\_

\_\_\_\_\_

Educational Background \_\_\_\_\_

\_\_\_\_\_

4. Number of Educational Hours

3 hours

4 hours

6 hours

8 hours

12 hours

(Other (Please specify) \_\_\_\_\_)

5. Maximum Enrollment (if any) \_\_\_\_\_

6. Brochure Description - **Please provide a copy of your brochure or announcement.**

7. What is the pre-requisite level of training for persons who wish to take this CE? (Degree and/or experience)

\_\_\_\_\_

\_\_\_\_\_

8. Do you consider your CE to be: (check one)

Introductory

Intermediate

Advanced

9. Will any handout material be available to participants?

Yes                       No

10. Describe the method you will use to evaluate participant learning (**please attach evaluation instrument**)

11. **Sponsor** \_\_\_\_\_ **Name:**

12. **Sponsor Address:** \_\_\_\_\_

13. **Sponsor Tax ID# or Social Security #:** \_\_\_\_\_

14. **Contact Person:** \_\_\_\_\_

15. Telephone: \_\_\_\_\_

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16. 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

**Mail completed application to:  
SC Board of Professional Counselors  
P O Box 11329  
Columbia, SC 29211-1329**

**Applicant Checklist:**

- Application fee \$50.00
- Completed application form
- Evaluation instrument for attendants to evaluate your program
- Program brochures/announcements of past or current programs
- Summary vita of instructional/workshop presenter
- Copy of certification/registration in a specialized area of expertise (ex: Certified Clinical Hypnotherapist, Registered Play Therapist, etc.) if your program is focused on a particular speciality.