



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

**BOARD OF MENTAL HEALTH AND CHEMICAL
DEPENDENCY PROFESSIONALS**

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@state.de.us

REQUEST FOR APPROVAL OF CONTINUING EDUCATION

Enter Name and Address of Contact to Whom Response Should Be Mailed:

INSTRUCTIONS

When to Submit

Complete this form to request Board approval of an organized educational activity intended to fulfill the continuing education (CE) requirements for maintaining a Professional Counselor of Mental Health, Chemical Dependency Professional, or Marriage and Family Therapist license in Delaware. Delaware licensees or program providers may submit a request. Requests may be submitted either before or after the program. However, if the program is not approved, the applicant will be notified and no CE credit given.

The Delaware Board pre-approves activities sponsored or approved by the organizations listed below:

- National Board for Certified Counselors (NBCC)
- Academy of Clinical Mental Health Counselors (ACMHC)
- American Association for Marriage and Family Therapy (AAMFT)
- International Family Therapy Association (IFTA)
- NAADAC (National Association of Alcoholism and Drug Abuse Counselors)
- Delaware Certification Board (DCB)
- National Association for Social Work (NASW)
- American Psychological Association (APA)

If an organization listed above has approved this program, **STOP**. You do not need to submit this form.

For full information about CE requirements, see the Board's [Rules and Regulations](#):

Documentation Required

- Submit completed request form to the address above *no later than ten business days* before the Board's meeting.
- If request is submitted by a course provider, enclose fee of \$40 by check or money order payable to "State of Delaware." If a Delaware licensee submits the request, no fee is required.**
- Enclose documentation of the course objectives and a detailed course schedule that shows meals and break periods.
- Enclose resume or curriculum vitae (CV) for each presenter.

REQUESTER COMPLETES THIS SECTION

1. Requester (check one): Sponsor/Course Provider Delaware Licensee
2. If you are a Delaware Licensee requesting approval of a course, enter:
Your Name: _____ Delaware License #: ____ - _____
Phone: _____ Email: _____
Specialty: Professional Counselor Chemical Dependency Professional Marriage & Family Therapist

REQUESTER COMPLETES THIS SECTION (continued)

3. Enter the following information about the program/course provider:

Name: _____

Contact Person: _____ Email: _____

Address: _____
Street City State Zip code

Phone: _____ Fax: _____ Website URL: _____

4. Program Title: _____

5. Program Location: _____

6. Program Date(s): _____

Enclose documentation of the course objectives and a detailed course schedule that shows meals and break periods.

7. List Program Presenter(s):

Enclose resume or *curriculum vitae* (CV) for each presenter.

PRESENTER NAME	TITLE

8. Is this course face-to-face participation? Yes No

9. Is proof of completion provided? (i.e., Certificate) Yes No

10. **Total Contact Hours Requested (Excluding Breaks)** _____

Submit this application and all supporting documentation to the Delaware Board of Mental Health and Chemical Dependency Professionals at the address above. If you have questions, email:

customerservice.dpr@state.de.us

BOARD OFFICE COMPLETES THIS SECTION

Board Review Date: _____

Approved for _____ hours. Approval Expires: _____

Tabled - List reason(s) below. Denied – List reason(s) below.

The above request was denied or tabled for the following reason(s):

Signed: _____, Administrative Specialist