



South Carolina Department of Labor, Licensing and Regulation
**South Carolina Board of Examiners for Licensure of
 Professional Counselors, Marriage and Family Therapists,
 Addiction Counselors and Psycho-Educational Specialists**

110 Centerview Dr. • Columbia • SC • 29210
 P.O. Box 11329 • Columbia • SC 29211-1329

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www.llr.sc.gov/POL/Counselors/



FOR OFFICE USE:

Date Received _____

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.)**

(1st Leader) Name _____

Affiliation _____

Address/Telephone# _____

Educational Background _____

Leader/Instructor-continued

(2nd 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: _____

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
PO Box 11329
Columbia, SC 29211-1329**

Applicant Checklist:

- 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 specialty.