Dear Professional Colleague,

Thank you for your interest in becoming a provider of continuing education activities for Licensed Mental Health Counselors in Massachusetts.

There are several application forms depending on the type of CE activity:

**All Providers must submit the Main Application and a Fee Submission Form.**
- Main Application (LMHC 2)
- Schedule of Fees and Fee Submission Form (LMHC 3)

**Please submit the following forms as needed:**
- Conference/Multiple Break-Out or Workshop/Program Series Event Forms (LMHC 10).
- Distance Learning (LMHC 12)

**A Request to Repeat a Previously Approved Workshop** can be made separately within 1 year of the initial presentation date on form (LMHC 6).

**Please submit your completed, stapled application to:**
MaMHCA - 17 Cocasset Street Foxborough MA 02035 - FAX 508-698-1711

MAMHCA approved CE activities assures LMHCs that the activities offered by a certified provider have undergone rigorous review and have been found to meet MaMHCA continuing education requirements and will be accepted for license renewal if an audit should occur.

The services offered to approved Providers include a free listing of “Approved Activities” in the MaMHCA quarterly newsletter and the option for paid advertising space. Refer to the MaMHCA webpage, MaMHCA.org “About Us” for advertising information.

Please contact us if you have any questions about this packet, or need assistance in completing your application. Send E-Mail to dbergstrom@mamhca.org.

Sincerely,

**Deborah Bergstrom**

Deborah Bergstrom
CE Administrator
Provider General Information

What is the MAMHCA Continuing Education Authorization Program?

The Massachusetts Mental Health Counselors Association (MaMHCA) is the designated entity of the Board of Registration of Allied Mental Health and Human Services Professions to approve sponsors of Continuing Education (CE) activities for Licensed Mental Health Counselors in the Commonwealth of Massachusetts.

CE Requirements for Massachusetts Licensed Mental Health Counselors

The Allied Board requires Continuing Education for Mental Health for LMHCs to maintain licensure. Each licensee is required to complete 30 contact hours of continuing education activities per two-year certification period. Contact hours are divided into Categories and Content Areas. Refer to the Section CE Categories & Content areas for definitions and distribution of required hours.

General Guidelines for Approved Providers

1. Approved workshops must enhance or upgrade mental health counseling knowledge or skills.
2. Activities must be targeted to a clinical mental health professional audience.
3. Workshops must be a minimum of one contact hour.
4. Programs focusing on ethics must include information on the ethical codes of the American Counseling Association (ACA) and/or the American Mental Health Counseling Association (AMHCA).
5. A change in course content or presenters, after workshop approval, may void approval of the workshop. Notify MAMHCA of changes as soon as possible to avoid disqualification of the activity.

Approval

Approved provider status is granted for individual offerings of CE activities, series events, conferences with multiple breakouts and online presentations. Upon notification of approval, the provider will receive a certification number. A program can be offered again within (1) year of the initial approval using form LMHC-6.

Review of Applications

1. Only complete, legible applications are reviewed.
2. Incomplete or illegible applications that have been returned are allowed 30 days for resubmission with required information.
3. Allow at least six weeks for application approval.

Denial & Appeal Process

Applicants that do not meet MAMHCA requirements will not be approved. The reason for denial will be specified in a written response from MAMHCA. Applicants will be given thirty days from the postmark date of the notification of the denial to submit documented evidence as to why approval should be granted. Within one month from the receipt of the additional material, MAMHCA will notify you of its decision.
Administration

1. The provider seeking approval status must complete the appropriate application in full and sign it indicating that they agree to abide by MAMHCA Guidelines and the ACA/AMHCA Code of Ethics.
2. The organization must have a specified contact individual who is responsible for the management of the CE programs. This individual will be responsible for the organization’s compliance with MAMHCA requirements.
3. The provider candidate may choose to co-sponsor a CE activity with a professional outside the mental health field. These activities must meet the same requirements as those sponsored solely by the approved provider. It is the responsibility of the individual designated as the manager of the CE activities for the approved provider to ensure that the co-sponsored activity (ies) meets MAMHCA requirements. Promotional material regarding the co-sponsored activity must indicate which sponsor is MAMHCA approved.
4. Providers may print information about CE credits on brochures only after an authorization number has been issued. If an MAMHCA authorization number has not been secured at the time of printing, the brochure or outreach vehicle should advise registrants that an application has been submitted and how to contact them and or other sponsors by telephone and/or mail to find out if an authorization number has been issued. Do not direct them to contact the MaMHCA office.
5. NO PARTICIPANT ATTENDING LESS THAN 80% OF A PROGRAM MAY RECEIVE A CONTINUING EDUCATION CERTIFICATE.
6. Include the following information on the continuing education certificate:
   A. Name and address of the sponsoring organization keeping the CE records, as it appears on the authorization form sent by MAMHCA.
   B. Name and LMHC license number of participant, or place for licensee to write them in.
   C. Title and date of course as indicated on the application submitted for approval.
   D. Authorization number, Category and number of contact hours, and MAMHCA as the authorizing body.
   E. Signature and title of a representative of your organization in a legible form.

7. Please limit fees charged for continuing education certificates to what the issuance of the certificates actually cost.
8. Providers must maintain a list of Mental Health Counselor attendees who complete the program and the evaluation forms of the activity or a summary of the compiled results for four years after the activity date. Evaluation forms or a summary of the compiled results must be available on request to the Board or MAMHCA. Do not send evaluation forms unless requested.
9. Providers are encouraged to offer scholarships and some low fee programs so that their programs are available to Mental Health Counselors with lower incomes or in financial distress.
10. When an activity consists of many breakout sessions that are made up of a mix of Category I and Category II content areas, complete the Conference/Multiple Break-Out Form LMHC 10.

Facilities

1. The facilities must provide a setting that is appropriate to the method of delivery of the activity and the size of the audience. Sensitive material must be presented in a setting that assures the privacy of the content.
2. Providers must be prepared to accommodate persons with disabilities.
Program Content

1. The provider must specify the educational goals of each CE activity offered to counselors. These objectives should be made available to all potential participants upon request.
2. The content must be based upon the educational goals and learning objectives, which have been delineated for each program.
3. Programs that are based on new or alternative psychotherapeutic theories or methods must submit documentation of current or past research supporting the efficacy of the theory or method. If such research is not available, the provider must show evidence of acceptance by the professional mental health community such as publication in professional literature.
4. The target audience must be clinical mental health professionals.

Resources and Bibliographies

The provider must list a minimum of three, and up to six relevant books or articles for distribution or reference using APA format for books and periodicals. Include the Title, Author, Publication Date and Name of Journal. When offering web-based programs, resources must be enduring; that is, if URLs are cited, the address and telephone number of the sponsor of the site who lists the resource must also be available as well as the date the website was verified.

Instructional Staff

All instructional staff or presenters must be qualified by means of specialized training and experience in the subject matter being taught. This background must enable the individual to be considered expert in the subject matter so as to competently pass current information on to the participants. The nature of the formal and informal relevant experience such as, how often the presenter has taught the subject matter, to whom it was presented and what preparation was done to prepare for the training, will be considered. It is important that the instructor demonstrate experience presenting to a clinical audience.

Instructional staff must meet one of the following criteria unless the MAMHCA CE Authorization Program waives the requirement:

1. Massachusetts Licensed Mental Health Counselor (LMHC) or Certified Clinical Mental Health Counselor (CCMHC).
2. Other licensed mental health professional with at least a Masters Degree and a minimum of two years experience in mental health counseling
3. Non-clinical mental health professional with a Masters degree and relevant experience.

Evaluation & Audits

1. The provider must obtain information from participants that assess the degree to which learning objectives were met and participant’s satisfaction with the overall quality of the program. See Main Application LMHC 2.
2. CE Activities may be audited by a MAMHCA Advisory Board Member or their designee, free of charge with the exception of material(s) fee and food service, to ensure that approved programs are carried out in accordance with the application submitted and the procedural guidelines of MAMHCA. No provider will have more than one audit per year.
Awarding Contact Hours

1. The provider must verify participant attendance and at least 80% completion of the CE activity.
2. LMHCs must be given documentation in a timely manner that verifies their successful completion of each appropriate CE activity in which they have participated. If you wish to confer the CE contact hours immediately at the end of the program, required materials must be submitted and approved prior to the activity.
3. When a workshop is part of a larger activity in which less than 50% of the content is mental health related, the provider is responsible for identifying the category of each individual session for attendees.
4. When approval is sought for a Conference or Multiple Break Out event by an affiliated organization, 80% of the content has to be Category I for approval of the entire offering.
5. Instructional hours do not include registration, business or governance meetings, social activities, meals or breaks. Unless otherwise indicated, we deduct a 15-minute break for a 4-hour programs and two 15-minute breaks, and a 30-minute lunch break for a 6-hour or longer program.

Ethics

1. Staff affiliated with the agency, instructors and participants must follow the principles set forth in the ACA and AMHCA Code of Ethics in all aspects of their involvement in the Continuing Education activities.
2. The provider must indicate to potential participants an established policy regarding cancellations and refunds unless the program is an in-house or free program.
3. The provider must have an established policy regarding the handling of grievances filed by participants. Complaints must be handled in an ethical and timely fashion.
4. All promotional materials must accurately reflect the information provided in the application indicating:
   • The educational goals, target audience, schedule, format and fee.
   • Refund/cancellation and grievance policy, credentials of the instructor(s), and the category type and number of contact hours being offered. If the program is a home study or online course, a set of instructions for completing the program must be included.
CE Category & Content Areas

1. Home Study
   a. Courses can be in either Category I or II.

2. Instructor Credits
   a. Instructors may obtain credit for the first presentation of approved MAMHCA programs or academic courses that meet the criteria for approved CE programs.
   b. Content of program or course must fit Category I or Category II requirements.
   c. Instructors must provide documentation of the program presentation.
   d. Instructors may receive the same number of CE hours that are available to participants.

All CE Activities must fall into at least one of the following Categories & Content Areas

Category I

A minimum of 50% (15 hours) of CE Activities must be in these areas.

"Hands on" CE activities that focus on the enhancement and upgrading of professional clinical mental health counseling knowledge and/or contribute to clinical skill building. This category includes graduate academic courses, workshops and lectures for attendees, online interactive events, and Providers who are teaching the activity for the first time.

1. Counseling Theory
   Includes studies of basic theories, principles and techniques of counseling and their application to professional counseling settings.

2. Human Growth & Development
   Includes studies that provide a broad understanding of the nature and needs of individuals at all developmental levels, normal and abnormal human behavior, personality theory, life span theory and learning theory within cultural contexts.

3. Social & Cultural Foundations
   Includes studies that provide a broad understanding of societal changes and trends; human roles; societal subgroups; social mores and interaction patterns; multi-cultural and pluralistic trends; differing lifestyles and spiritual systems; and major societal concerns including stress, person abuse, substance abuse, discrimination and methods for alleviating these concerns.

4. The Helping Relationship
   Includes studies that provide a broad understanding of philosophic bases of helping processes; counseling techniques and their applications; basic and advanced helping skills; consultation and theories and their application; client and helper self-understanding; alternative mind/body therapies; and self-development; and facilitation of client or consultee change.

5. Group Dynamics, Group Process and Counseling
   Includes studies that provided a broad understanding of group development, dynamics and counseling theories; group leadership styles; basic and advanced group counseling methods and skills; and other group approaches.

6. Appraisal of Individuals
   Includes studies that provide a broad understanding of group and individual educational and psychometric theories and approaches to appraisal; data and information gathering methods; validity and reliability; psychometric statistics; psychopharmacology; factors influencing appraisal; use of appraisal results in helping processes; administration and interpretation of tests and inventories to assess abilities, interests and career options.

7. Research & Evaluation
   Studies that provide a broad understanding of types of research; basic statistics; research-report development; research implementation; program evaluation; needs assessments; publication of research information; and ethical and legal considerations.

8. Clinical Services in Mental Health Counseling
   Courses related to assessment and treatment procedures in mental health counseling, psychopharmacology, addictions and chemical dependence, abuse (sexual, emotional and domestic violence).
9. **Lifestyle & Career Development**
Includes studies that provide a broad understanding of career developmental theories; occupational and educational information sources and systems; career and leisure counseling, guidance and education; lifestyle and career decision-making; career development program planning, resource and effectiveness evaluation.

10. **Psychopathology**
The study of pathological mental conditions. The nature of disease, its causes, processes, development and consequences. The functional manifestations of mental illness.

11. **Legal and Ethical**
The application of ethical and legal standards in clinical practice.

12. **Spirituality**
Includes spirituality and/or religion as they impact the mental health of clients e.g., existential and transpersonal issues, hospice work, end of life decisions.

**Category II**

**A maximum of 50% (15 hours) of CE Activities may be in this area.**
This category includes courses related to CE activities, which do not directly involve mental health counseling knowledge or skills, but have a general relation to the field.

13. **Professional Orientation**
Includes studies that provide a broad understanding of professional roles and functions; professional goals and objectives; professional organizations and associations; professional history and trends; ethical and legal standards; professional preparation standards; and professional credentialing.

14. **MH Counselors & The Mental Health Care System**
Includes mental health service delivery, mental health institutions and the role of counselors in the mental health care system.

**Category III**

**A maximum of 25% (7.5 hours) of CE Activities may be in this area.**
This category includes activities such as teaching, writing and supervision that do require prior Provider approval. Refer to the MAMHCA Guidelines for approval of these activities.
Main Application LMHC-2

ALL PROGRAMS MUST SUBMIT THIS APPLICATION (LMHC-2)

For multiple break-out events, or series workshop events use the Conference/Multiple Breakout/Workshop Series Application (Form LMHC-10) as well.

Main Application Instructions:
- Submit a stapled copy of the typed application AND any attachments. Attach ONLY the following to the Main Application:
  - Detailed program schedule
  - Sample of a participant evaluation
  - Instructor resume/s.
- Submit application information at least six weeks prior to each program.
- Applications will not be reviewed unless payment and all requested information are received.
- Send application via U.S. Postal Service with NO Signature Required
- Allow 4 to 6 weeks to be notified of the program status.

A. Program Information Overview

1. Date Application Submitted ____________________________

2. Sponsoring organization or individual ____________________________________________ (Also complete Section C)

   Person at sponsoring organization responsible for this application & for notification of Approval/Rejection

   Name ________________________________________________________________
   Address ____________________________________________________________
   City __________________ ST _____ Zip ______________
   Phone __________________ Fax __________________
   Email ________________________________________________________________

3. Program Title__________________________________________________________

4. Name of Presenter (s) _________________________________________________ (Also complete Section B)

5. Program date (s) _______________________________________________________

6. Live Program location/address ____________________________________________

7. Program Type:
   - Single presentation?
   - Conference with multiple breakouts? if yes, how many (total #) breakout sessions? ________. You must also fill out form LMHC 10 for each breakout session.
   - Workshop Series; if yes, how many (total #) workshop sessions in the series? ________. You must also fill out form LMHC 10 for each breakout session.

8. Is there a charge for this activity?  ( ) YES ( ) NO If yes, you must have a cancellation policy, refund policy and grievance procedure. Do you have all of the above?  ( ) YES ( ) NO

9. ATTACH (do NOT type here) a program schedule indicating teaching hours, breaks, etc. (this can be a printed program flyer/brochure).

10. Total number of instructional hours: Category I ________ Category II ________ Category III ________

I certify that the information I have provided is accurate. I agree to comply with the ACA and AMHCA Code of Ethics in regard to the offering of activities and the requirements set forth in this application.

Signature ____________________________ Date ____________________________
11. Course Description:

12. **List here (do NOT attach)** three learning (**not teaching**) objectives.
   1. 
   2. 
   3. 

13. Indicate target audience for your program: (Please check as many as apply).
   
   ( ) LMHC                           ( ) General Public
   ( ) LICSW and other mental health professionals ( ) Other

14. Instructional methods utilized during program, check all that apply:
   ( ) Lecture via workshop/seminar ( ) Case presentation ( ) Discussion groups
   ( ) Audio/Visual ( ) Other, please specify:

15. **List here** at least three (3) books or articles of reference from the bibliography.
   1. 
   2. 
   3. 

16. **Providers of either a Workshop/Program Series or Conference with Multiple Break-Out MUST Submit with this application a CE certificate(s) showing individual CE#’s where applicable.**
B. Instructor Credentials

ATTACH RESUME(S) if the instructor(s) do not meet the criteria identified in the Provider Guidelines.

Name: 
License and Degrees: 
Current Position: 
Relevant Experience: 

Name: 
License and Degrees: 
Current Position: 
Relevant Experience: 

Name: 
License and Degrees: 
Current Position: 
Relevant Experience: 

C. Sponsor Information

5. Organization website:

6. What kind of work is your organization involved in? Briefly describe:

7. Has your organization been approved as a continuing education provider or had program approval with other professional associations?
   
   ( ) Yes   ( ) No

   If yes, list the full titles of associations:

8. Has your organization been denied approval as a continuing education provider or had a program denied approval by a professional association or other organization?

   ( ) Yes   ( ) No

   If yes, explain:
D. Evaluation

ATTACH a sample of the participant evaluation for this course to your application.

Each evaluation form MUST list the program’s objectives in order to ascertain that teaching goals have been reached. Evaluation must be specific, written and measurable, and reflect the following areas:

- Course content
- Learning objectives
- Course appropriateness to participant’s education, experience and licensure level
- Instructor’s knowledge of subject matter and responsiveness to participants (if applicable)
- Was subject matter presented effectively and clearly?
- Instructor’s ability to use course-appropriate technology to support participant learning (if applicable)
- Suitability and/or usefulness of instructional materials
- Location, facilities, and technology
- Administration of the program
- Timeline of course adhered to the advertised time, and credits awarded

E. Attendance & Assigning CE Credit

Only attendees who satisfactorily complete the program will receive credit for attendance. MaMHCA needs evidence that the continuing education organization has a system of monitoring attendance. It is the responsibility of the sponsor of the program to document that the participant met this standard. Examples of monitoring attendance include: distribution of participant sign-in/sign-out sheets, use of electronic name badge readers, and the issuing of unique session codes to participants at the conclusion of programs, or at each session.

As the approved sponsor, you are responsible for the creation and distribution of the certificates of attendance to participants who complete the program.

Certificates MUST have the participant’s name on it before it is stamped/authorized and given out. Each certificate must say: MaMHCA Authorization # __________.

Providers of either a Workshop/Program Series or Conference with Multiple Break-Out MUST Submit with this application a CE certificate(s) showing individual CE#s where applicable and total number of CEs taken by each individual

- Describe how you verify and monitor attendance:

- Describe the process for awarding certificate of attendance:

The MA Board of Registration expects programs to achieve the highest standard of 100% attendance for a participant to receive credit. There may be extenuating circumstances, which would allow for leaving at 80%. No partial credit is to be given.
ATTACH (do NOT type here) a Listing of EACH breakout form you are submitting.

- The purpose of this form is to provide information specific to EACH program session within the Conference/Multiple Break-Out event.
- It is REQUIRED that you fill out this form for EACH breakout or event within the series. Fill in the information requested.

Sponsoring Organization or Individual: ________________________________________________

Conference Title: ___________________________________________________________________

- Break-Out or Series Event date and time: _____________________________________________
- Break-Out or Series Event title: ______________________________________________________
- Break-Out or Series Event Teaching Modalites: ________________________________________
- Exact number of instructional hours (choose one): ( ) 1 ( ) 1.5 ( ) 2 ( ) __________

List here (do NOT attach) THREE learning objectives specific to mental health counseling for this session:

1.

2.

3.

- Instructor Name with Degree, License and/or Certification:
  _________________________________________________________________________________

  Current Position: ___________________________________________________________________

- Bibliography (List at least three (3) references. Web addresses must have the date you accessed them.

1.

2.

3.
Distance Learning Application LMHC-12

Distance Learning Application Instructions:
- Submit one stapled application with attachments. Attach ONLY the following:
  - Detailed program schedule
  - Sample of a participant evaluation
- Submit application information at least six (6) weeks prior to each program’s origination date.
- Applications will not be reviewed unless payment and all requested information are received.
- Send via U.S. Post with NO Signature Required

A. Program Information

- Program title and Key Words that best describe your event:

- Program origination date:

- List here (do NOT attach) three learning (not teaching) objectives:
  1.

  2.

  3.

- Total number of continuing education credit hours requested in Category I ________ II ________.
  *To calculate credit hours, add hours of actual instruction time, and then round down to the nearest whole or half number. Non-instructional activities (filling out evaluations, registration, etc.) do NOT count toward total.

- Briefly describe the target audience for your program:

- Targeted mental health counselor practice levels, check all that apply:
  ( ) Advanced practitioner  ( ) Intermediate practitioner  ( ) Beginning practitioner

- Type of distance learning program:
  ( ) Home study publication or online article  ( ) DVD or Videotape
  ( ) Audio (Audiotape, CD, MP3 Podcast, etc.)  ( ) Other, please specify:
  ( ) Interactive Webcast
List below at least three (3) books or articles of reference from the bibliography.

1. 

2. 

3. 

B. Instructor/Author Credentials

Name: 
License and Degrees: 
Current Position: 
Relevant Experience: 

Name: 
License and Degrees: 
Current Position: 
Relevant Experience: 

C. Distance Learning Specifics

Distance learning providers may be requested to send one copy of their program (i.e. videotape, book, etc.) to MaMHCA. Do NOT send this material unless it has been requested by MaMHCA.

9. If you are offering an Internet course, please type the course website address and any relevant login information here:

10. Do you take security measures to protect participants’ personal information? ( ) Yes ( ) No
11. Describe the procedure and timetable for **receiving** (fax, email, or mail), **grading**, and **returning** (fax, email, or mail) post-tests and/or assignments:

12. Describe the procedure (fax, email, or mail) and timetable for evaluations to be turned in:

13. How does a participant contact the program's designated person in case of problems or questions?

14. **ATTACH** a copy of the post-test used in your program. **NOTE:** Post-tests are **required** for distance learning.

15. What is the passing score ______
If you would like to repeat an approved program on additional dates within one year of the date of your original certification, follow the instructions below.

Programs may be repeated within 1 year of the original certification date. Repeat programs MUST be the same number of credit hours, the same provider/s, and the exact same content as the original.

- Answer ALL of the questions in the box below.
- Enclose payment with each Request to Repeat form submitted.
- You will receive a new authorization number for the dates the event is repeated.

**Sponsor:**

**Program Title:**

**MAMHCA Authorization #:** __________________________

**Specific date(s) when the program will be held:**

**Are there any changes to the LOCATION?**

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

**List changes:**

**Contact Information:**

**Name:** ____________________________________________________________

**Address** ____________________________________________________________

**Phone:** ___________________________ **Email:** ___________________________
Schedule of Fees

**Basic Fees:**

- **Standard Programs** - $100.00 for a one time event submitted more than 6-weeks before presentation date
- **Late Submission** – $125 for any application submitted less than 6-weeks before the date of the program
- **Retroactive Review** – $150 for any application submitted after the event occurs
- **Request to Repeat a Previously Approved Workshop** - $25 for each Request to Repeat form (LMHC #6) submitted within 1 year of the previously approved workshop.

**Additional Fees:**

- **Expedited Review** - for applications reviewed more quickly (less than 6-weeks) you may submit an additional $50 non-refundable fee.

- **Conference/Multiple Break-Out Programs and Series Workshop Events**

<table>
<thead>
<tr>
<th>Conference w/ Breakouts</th>
<th>Fee</th>
<th>Series Format - Ongoing series of workshops held over weeks or months</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to 20 breakouts</td>
<td>$150</td>
<td>Up to 20 workshops in series</td>
<td>$170</td>
</tr>
<tr>
<td>21-40 breakouts</td>
<td>$175</td>
<td>21-40 workshops in series</td>
<td>$195</td>
</tr>
<tr>
<td>Over 40 breakouts</td>
<td>$225</td>
<td>Over 40 workshops in series</td>
<td>$240</td>
</tr>
</tbody>
</table>

- **Distance or Home Study Learning Program** - $250 for each application

**Method of Payment**

Application fees can be paid using a credit card or check. Application(s) will NOT be reviewed until payment has been received by MaMHCA. MaMHCA accepts VISA, MasterCard, American Express, and Discover cards. Checks should be made out to "MaMHCA.

**Submission Results**

MaMHCA will contact you directly if further information is required for review. You will be notified of the submission results via e-mail. Please update your junk e-mail settings to allow emails from MaMHCA.

If approved, you will receive a unique authorization number and notification of how many credits have been awarded. Make sure you have downloaded and read your Provider requirements that are provided at the MaMHCA (MaMHCA.org) website. If rejected, you will receive a letter stating the reason. You may appeal the decision by writing a letter to MaMHCA giving any additional information that should be considered. Sponsors always have a final recourse to the Massachusetts Board of Registration.
Provider's Responsibilities After Receiving an Authorization Number

Providers of approved programs are required to do the following:

- Create and distribute certificates of attendance to participants who achieve 100% attendance as required by the MA Board of Registration (there may be extenuating circumstances which would allow for 80% attendance).
- Keep attendance, evaluation, and program records for 4 years (two licensing cycles).

For more information, please read our Provider Information sheet (LMHC-1).

Promotion and Advertising

When advertising your program, you are required to use the following language.

If an authorization number HAS been issued at the time of advertising, appropriate wording is:

“This program has been approved for ___ Category I or _____Category II MaMHCA hours for re-licensure, in accordance with 262 CMR.

If an authorization number HAS NOT been secured at the time of printing, appropriate wording is:

“Application for MaMHCA continuing education credits has been submitted. Please contact us at (your organization’s phone number/email/website/etc.) for the status of LMHC CE certification.”

DO NOT print that credits are “pending.”

DO NOT TELL REGISTRANTS TO CONTACT MaMHCA/

MaMHCA offers several methods of paid advertising for CE programs: The MaMHCA Quarterly Newsletter, the MaMHCA website, and our mailing lists. Contact the MaMHCA office for information.
Application Checklist and Fee Submission Form LMHC-3

(Purchase Orders Not Accepted)

**BASIC FEES - SELECT ONE**

- [ ] Program submitted for approval 6-weeks prior to the event $100 $$
- [ ] Late Submission (Submission less than 6-weeks prior to the event) $125 $$
- [ ] Retroactive Submission (Submission after the event) $150 $$
- [ ] Request to Repeat a Workshop $25.00 $25.00 $$

Additional Fees: Check all that apply:

- [ ] Expedited Review - an additional $50 $50 $$

  - [ ] Conference/Multiple Break-Out Application:
    - [ ] Conference containing up to 20 sessions $150 $$
    - [ ] Conference 21-40 sessions $175 $$
    - [ ] Conference over 40 sessions $225 $$

- [ ] Workshop Series Application:
  - [ ] Series containing up to 20 sessions $170 $$
  - [ ] Series 21-40 sessions $195 $$
  - [ ] Series over 40 sessions $240 $$

- [ ] Distance or Home Study Program $250 $$

**Total $_________**

Method of Payment:  Check # __________ enclosed for $ __________

or

Charge my credit card in the Amount of $ __________

Card Number ___________________________ Expiration Date __________

Security Code on the back of the card ___________________________

Signature: ___________________________

Print name here: ___________________________