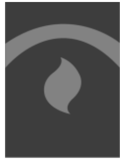

# Retroactive CE Certification Application for LMHCs

©2022

**Do Not Send Originals**

**Include a completed copy of this form for each separate activity.** CE Activity submissions will be returned if both forms are not completed correctly. This form may be duplicated.

☐ **Applicant Information**

Name______________________________________ E-Mail: _____________________________

LMHC Lic. #_____________________ License Renewal Cycle _______________________________

Mailing Address: __________________________________________________________________

Telephone: Home_____________________________________Office_________________________________

Work Setting______________________________________________________________________

Continuing Education Activity - Title: ______________________________________________________

☐ **Sponsoring Organization**

Name_____________________________________________________________________________

Address________________________________________Telephone__________________________

☐ **Schedule**: Fill in the exact schedule below with the total instructional hours **excluding** registration, lunch and coffee breaks. If the schedule is repeated more than one day, indicate the dates to the left. When a provider does not indicate a break in a four-hour period 15 minutes will be deducted from the time for a break period. When the provider does not indicate a lunch break in a workshop over 6 hours, one hour will be deducted for a lunch break. When the provider does not indicate a lunch break or other small breaks in a workshop 8 hours or more, a one hour lunch break and two 15 minute smaller breaks will be deducted from the original hours requested.

| Date | Time Each Session Begins & Ends____ | Number of Instructional Hours |
|---|---|---|
| Date | Time Each Session Begins & Ends____ | Number of Instructional Hours |
| Date | Time Each Session Begins & Ends____ | Number of Instructional Hours |

Total Instructional Hours

☐ **Instructor/s**____________________________________Degree___________Prof. License_________

☐ **Qualification of Instructor/s to teach MHC material** (check at least one).

___ a. Licensed MHC (in any State)
___ b. Other licensed mental health professional
___ c. Approved Supervisor as defined by 262 CMR 2.00
___ d. Masters level staff member of an agency providing MHC services, minimum 2 years MHC experience.
___ e. Masters level Faculty member in an educational institution educating LMHCs.
___ f. Other______________________________________________________________________

☐ **Verification of Attendance** (Include a copy with this application, RETAIN ORIGINALS.)

___ a. Continuing Education certificate or letter of attendance from another mental health profession; or
___ b. Other means of official verification of attendance that includes title, number of hours, instructor and content.

☐ **Relevance to Mental Health Counseling** (CHECK AND PROVIDE ONE OF THE FOLLOWING):

___ a. Description of activity that makes a clear reference to MHC (include copy or quote); or

___ b. Content that includes relevant information an/or experiences for LMHCs (include description); or
___ c. CE activity brochure clearly describes content of activity.

☐ **Signature:** All of the above statements are correct & have been personally verified by me to the extent possible.

Signature: ___________________________________________Date:_______________________________________

## Individual and Retroactive Application Denial & Appeal Process

Applicants who do not provide adequate evidence of meeting CE requirements will be notified of the reason for the denial. 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 given.

1. **Mail to:** MAMHCA 17 Cocasset Street Foxboro, MA 02035 • with fee.
2. **Fees:** $25.00 for each application. $50.00 if submitted after October 15, of a renewal year.
3. **Make all checks payable to:** MAMHCA or use your credit card.
4. **Refunds:** Fees will not be refunded for incomplete applications. While any number of CE hours can be submitted for certification only the 30 CE hours will be approved.
5. **Administrative fee**: Applications that are withdrawn will be charged $5.

### Method of Payment

Purchase Orders Not Accepted

Check #____________ enclosed for $_______

Or

Charge my MC/VISA in the Amount of $______

Card Number _____________________________________Expiration Date: ________________

Signature: _________________________________________Security code: _________________

► **Fees:** $25.00 for each application. **$50.00 if submitted after October 15, of any renewal year.**

► **SEND APPLICATIONS VIA US POST OFFICE WITHOUT SIGNATURE VERIFICATION REQUIRED**

Reviewer (Initials Only) ___________ Date: __________________________

Does Not Require Certification, Approved By: _________________________

____Approved for ______ (number) Contact hours

Certification # ____________________

_____Denied for the following reason: