



NEAFAST

NEW ENGLAND ASSOCIATION
FOR FAMILY AND SYSTEMIC THERAPY

APPLICATION BY PROGRAM SPONSOR

Certification of Professional Continuing Education Activities
New England Association for Family and Systemic Therapy
rev. July 20, 2022

Sponsoring Organization _____
Contact Person _____ Position _____
Address _____ Phone _____
_____ Fax _____
City, State, Zip, Country _____
Email: _____
Registration web address (URL) _____

Activity Title: _____
Sponsor Code: (_____) Location (*choose one*): ☐ Live ☐ Webcast Live ☐ On-demand
Venue, City, State, Country: _____
Description: _____

Content Justification: (see "[Content Criteria](#)." Check at least one.

- ____ 1. Professional Practice: (from list)
____ 2. MFT activity (circle all that apply): clinical methods; research methods or reports;
theory; training.
____ 3. Other relevant content (from list): _____

Instructor Qualification: (See "[Instructor Qualifications](#)" for professional license type and qualification #.)

Instructor (primary) _____ Degree ☐ Prof. Lic. Type _____ Qualification # _____

Activity Schedule:

Date _____ Contact Times _____ CE hours ____
 Date _____ Contact Times _____ CE hours ____
 Date _____ Contact Times _____ CE hours ____ Total
 Hours _____

Fee Total: _____**1-6 CEs: \$50 6.5+ CEs: \$75**

Additional Applications: \$25 per application

Repeat Application: \$50

Please note: If you are submitting multiple applications, please use the application with the highest number of contact hours. To qualify as a repeat, the activity must begin within one year of the completion of the previously certified activity and must have the identical title, agenda, content, and instructors. Please add a copy of your previous certification.

Signature: All the above statements are correct and have been personally verified by me. I understand that this CE certification may become invalid as a result of any inaccurate information. Program changes will be reported prior to the start of the activity. I agree to abide by the guidelines for certification in the “[Information for Sponsors](#)” document. As the sponsor, I accept full responsibility for the content and conduct of this activity, and will maintain registration records for a minimum of 5 years from the start date.

Please make payment online (check or card), and see additional info at: www.neafast.org
Submit enclosures & applications via email to: CEApps@neafast.org
Or by mail to: 8 Marlboro St, Shrewsbury, MA 01545

Lindsay Swan, NEAFast Administrator

617.752.2245

Signature _____

Name _____ Date _____

Enclosures: Application, reading list, evaluation form, fee
 Optional: brochure, instructor resume.