
MONTANA BOARD OF BEHAVIORAL HEALTH

BBH - CONTINUING EDUCATION APPLICATION FORM

- 1. The fee for processing a continuing education application is \$20. The LAC credential does not require CE approval or a fee.** For all other credentials the fee must be submitted by check or money order in order to have your application reviewed and approved. We do not have an online payment option at this time. One CE application form must be submitted for EACH course. Multiple courses cannot be combined on one application. Incomplete applications will be returned.
2. Review the online listing of approved courses at www.bbh.mt.gov (Education tab). If your course already appears on this listing, **DO NOT** submit a new request form for the same course.
3. If your course is not on the Board approved listing, complete all fields on this form. Please type or print clearly and avoid the use of acronyms or abbreviated text.
4. Clock hours are not awarded for time devoted to registration, breaks, lunches, or dinners unless the meal is designated as a working meal on the agenda. Please subtract all meals and breaks from the number of hours you are requesting. Typical deductions include a 15 minute break for each two hours of training (usually a morning break and an afternoon break).
- 5. Attach a short biography of the course presenters and the course outline, agenda, brochure, or syllabus that shows the times and content of each session.**
- 6. The application along with the \$20.00 fee and all supporting documentation (identified in #5 above) must be submitted by mail to the Audit/Education Unit, PO Box 200513, Helena, MT 59620-0513. Applications submitted without the \$20.00 fee WILL NOT be processed.**
7. You will receive notification by email of your application status.
8. Course approval is good for the calendar year, Jan. 1 – Dec. 30, in which the training occurred. CE applications for approval must be resubmitted for each calendar year.

ABOUT THE PERSON SUBMITTING THIS FORM: I am the Sponsor of this Program I am a Licensee

I am requesting CE approval for the following licensees: LCSW LCPC LMFT

My Name: _____ My Phone: _____

My Email: _____

My Postal Address: _____

ABOUT THIS COURSE (Information in this section will appear on the web site if the course is approved).

Course Title: _____ CE Hours Requested: _____

Course Date(s): _____ Course Location (City & State): _____

Course Sponsor: _____

Sponsor Postal Address: _____

Sponsor's Contact Person: _____ Phone: _____

Sponsor Email: _____

Sponsor Website: _____

In order to verify conference attendance a certificate of completion should be issued by the course sponsor to all training participants. Certificates must be signed and include the participant's name, the *CE approval number, the title of the course or work-shop, the date(s) and the number of hours awarded. Contact the course sponsor if your certificate is incomplete or if you did not receive a certificate. You must have a certificate in order to count these CE hours for license renewal purposes. As a licensee, you are obligated to maintain your renewal records in the event of an audit.
