



Request for Designation as an Authorized Sponsor

Of

“Category A” Continuing Education Program/Activity (Rev.12/19)

This form is to be used by individuals or organizations who are **NOT** automatically authorized by the Board to offer Category A continuing education programs or activities under COMAR 10.58.05.07B(2) and (3).

“Category A programs or activities” are offered by an Authorized Sponsor, formally organized and classified as a course, workshop, seminar or symposium.

Board authorization entitles the sponsor to publish a statement such as, “**This program/activity has been approved by the Maryland State Board of Professional Counselors and Therapists to satisfy Category A continuing education requirements**”.

Board authorization of this program is for **two years** from the date of the authorization.

Fee for authorization of 2 year sponsorship (COMAR 10.58.02):

Organization: \$750 – An authorized organization may provide more than one program/activity during the two year period. Each program/activity may be offered more than once during the two year period. Please provide information on each program/activity the organization intends to offer with this form.

Individuals: \$300 – An authorized individual may provide more than one program/activity during the two year period. Each program/activity may be offered more than once during the two year period. Please provide information on each program/activity the individual intends to offer with this form.

Fee for one program/activity: \$150 –An authorized organization or individual may offer only one program/activity on a certain topic during the two year period. That program/activity may be offered more than once during the two year period.

This form may be copied in order to provide specific information on each program (if more than one).

Please allow 8-10 weeks before the program date to process this Request for Authorization. Board authorization will not be granted retroactively.

1. Name of Organization/Individual: _____
2. Email: _____ Phone: _____
3. Title of the course/workshop/seminar/symposium _____
4. Date(s) of program: _____
5. Location: _____
6. Description of program subject matter (Enclose brochure or other advertising materials):

7. Intended audience: _____
8. Duration of program (excluding breaks):
 Date: _____ Hours: _____ CEUs: _____
 Date: _____ Hours: _____ CEUs: _____
9. Attach program agenda.
10. Name and credential of each presenter. Include CV and evidence of expertise in program topic.
11. Authorized sponsors must provide attendees with a certificate of completion which includes:
 - a. Name of the authorized sponsor
 - b. Name of attendee
 - c. Title of the program
 - d. Date of the program
 - e. Number of CE hours

*Include a sample certificate with this form.

Date Received: _____ Fee Amt: _____ Check No.: _____
 Approved Not Approved By: _____ Date: _____