

NATIONAL COUNCIL ON FAMILY RELATIONS

Application for Prior Approval of Continuing Education Credit in NCFR Family Life Education Certification Program.

Instructions: Please submit four weeks prior to the date you would like to receive verification of Continuing Education Credits. If you would like this form emailed to you as a Word document, contact info@ncfr.org. This form can also be accessed on the NCFR website at: http://www.ncfr.org/pdf/cfle_cert/CEUFORM.pdf. If you have questions contact info@ncfr.org

Return to: National Council on Family Relations
1201 West River Parkway
Suite 200
Minneapolis, MN 55454
(763) 781-9331 • (763) 781-9348 fax
Website: www.ncfr.org

Program Sponsor _____

Address _____

Telephone Number _____

E-mail Address _____

Website for Event _____

Location of the Event _____

Name and Title of Contact Person _____

1. Activity/Program Title _____

2. Type of Activity (check one) Start Date End Date

<input type="checkbox"/> Professional Meeting	_____	_____
<input type="checkbox"/> Non-credit Course/Workshop	_____	_____
<input type="checkbox"/> Academic Credit Course	_____	_____
<input type="checkbox"/> Other (Please specify)	_____	_____

3. Objectives of Activity/Program _____

4. Target Audience/Cientele _____

5. Brief Program Description (Attach program/course description, outline, course syllabi, etc including time schedule (including breaks if applicable) _____

6. **Major Content Areas Included: (Please check those which will be covered in your presentation)**

- _____ **Families and Individuals in Societal Contexts** - *Structures and Functions; Cultural Variations; Dating, Courtship, Marital Choice; Kinship; Cross-Cultural and Minority; Changing Gender Roles; Demographic Trends; Historical Issues; Work-Family Relationships; Societal Relations.*
- _____ **Internal Dynamics of Families** - *Internal Social Processes; Communication; Conflict Management; Normal Family Stresses; Family Crises; Special Needs in Families.*
- _____ **Human Growth and Development** - *Prenatal; Infancy; Early and Middle Childhood; Adolescence; Adulthood; Aging.*
- _____ **Human Sexuality** - *Reproductive Physiology; Biological Determinants; Aspects of Sexual Involvement; Sexual Behaviors; Sexual Values and Decision-Making; Family Planning; Sexual Response; Influence on Relationships.*
- _____ **Interpersonal Relationships** - *Self and Others; Communication Skills; Intimacy, Love, Romance; Relating to Others.*
- _____ **Family Resource Management** - *Goal Setting and Decision-Making; Development and Allocation of Resources; Social Environment Influences; Life Cycle and Family Structure Influences; Consumer Issues and Decisions.*
- _____ **Parent Education and Guidance** - *Parenting Rights and Responsibilities; Parenting Practices/Processes; Parent/Child Relationships; Variation in Parenting Solutions; Changing Parenting Roles across the Life Cycle.*
- _____ **Family Law and Public Policy** - *Family and the Law; Family and Social Services; Family and Education; Family and the Economy; Family and Religion; Policy and the Family.*
- _____ **Professional Ethics and Practice** - *Formation of Values; Diversity of Values in Pluralistic Society; Examining Ideologies; Social Consequences of Value Choices; Ethics and Technological Changes.*
- _____ **Family Life Education Methodology** - *Planning and Implementing; Evaluation; Education Techniques; Sensitivity to Others; Sensitivity to Community Concern.*

7. **Names and Titles of Presenter(s)** _____

8. **Total Number of Presentation Minutes (excluding breaks)** _____
Be sure to include a time schedule showing meals and breaks and the total number of presentation minutes.

9. **Total Number of Contact Hours** (1 Contact Hour = 60 Minutes. 1 CEU = 10 Contact Hours). Divide total number of presentation minutes by 60. Credits will be rounded to nearest whole. We do not approve fractional hours. _____

10. **If a credit course, number of term or semester hours:** _____

Please Note: Approval is for this event only. Approval for other events must be applied for separately.

For NCFR Office Use Only: Approved _____ Denied _____ Date _____

Total Number of Contact Hours Approved _____ Contact Hours _____ CEUs

Staff Signature _____