

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. This form can be accessed on the NCFR website at: <https://www.ncfr.org/cfle-certification/cfle-continuing-education>.

Return to: CFLE@NCFR.org

Program Sponsor _____

Address _____

Telephone Number _____

E-mail _____

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	Ongoing
_____ Professional Meeting	_____	_____	_____
_____ Non-credit Course/Workshop	_____	_____	_____
_____ Academic Credit Course	_____	_____	_____
_____ Other (Please specify)	_____	_____	_____

3. Objectives of Activity/Program _____

4. Target Audience/Clientele _____

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

*Please attach conference/training agenda to the email

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. Please note that we are unable to approve minutes for the following: poster sessions, exhibit hours, business/committee meetings, award presentations, social gatherings, breaks, & meals (we will approve time for meals that are part of a presentation).

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 _____