



NEAFAST

NEW ENGLAND ASSOCIATION
FOR FAMILY AND SYSTEMIC THERAPY

**LMFT Continuing Education Certification Program
Massachusetts Sponsor Application**

---- Cover Page ----
rev. December 19, 2018

List each enclosed application by start date and proposed number of contact hours. Enter the application fees and total due. Please submit this Cover Page along with your application(s). Use additional copies as needed. See also: "[Information for Sponsors](#)" and "[Application by Program Sponsor](#)".

Sponsoring Organization: _____ **Today's Date:** _____

Start Date	Contact Hours	Massachusetts Fees <i>(see fee chart below)</i>
1. _____	_____	_____ (\$20/\$35/\$50)
2. _____	_____	_____ (\$15)
3. _____	_____	_____ (\$15)
4. _____	_____	_____ (\$15)
5. _____	_____	_____ (\$15)
6. _____	_____	_____ (\$15)
7. _____	_____	_____ (\$15)
8. _____	_____	_____ (\$15)
Cover Page # _____ of _____		
Total fees for this page:		\$ _____
Total fee (for all Cover Pages):		\$ _____
Payment has been made (card or check) Online Payment: <input type="checkbox"/> \$ _____ Date ___/___/____		

Fees:

1. For the activity listed that offers the highest number of contact hours:	2. All subsequent activities submitted in the same package or email:
1.0 up to 6.0 hours: \$20.00	Any number of hours: \$15.00 each.
6.5 up to 14.0 hours: \$35.00	Repeat Applications: \$20.00 each
14.5 hours and over: \$50.00	

Submit all materials by email: CEApps@neafast.org