

# 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. Please type all information. If you have questions contact Dawn Cassidy at [dawn@ncfr.org](mailto:dawn@ncfr.org). This form can also be accessed on the NCFR website at:  
<http://www.ncfr.org/pdf/CEUFORM.pdf>

**Return to:** National Council on Family Relations  
3989 Central Avenue N.E. Suite 550  
Minneapolis, MN 55421  
(763) 781-9331, ext. 12 ? (763) 781-9348 fax  
Website: [www.ncfr.org](http://www.ncfr.org)

**Program Sponsor** \_\_\_\_\_

**Address** \_\_\_\_\_  
\_\_\_\_\_

**Telephone Number** \_\_\_\_\_

**E-mail Address** \_\_\_\_\_

**Name and Title of Contact Person** \_\_\_\_\_

1. **Activity/Program Title** \_\_\_\_\_  
\_\_\_\_\_

2.	Type of Activity (check one)	Start Date	End Date
_____	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, time schedule including breaks, outline if available)** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_ **Families in Society** - 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; Sexual Dysfunction; 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 Over 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.

\_\_\_\_\_ **Ethics** - 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)** \_\_\_\_\_

**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.*

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**For NCFR Office Use Only:** Approved \_\_\_\_\_ Denied \_\_\_\_\_ Date \_\_\_\_\_

Total Number of Contact Hours Approved \_\_\_\_\_ Contact Hours \_\_\_\_\_ CEUs

Staff Signature \_\_\_\_\_