



# Couple & Family Institute of New England

## CE Sign-in and Verification Form

**Course Title:** Identify the MA Board's guidelines on teletherapy

**Hours:** 6 Hours

**Date Attended:**

**CE Type Purchased (please circle as appropriate):** Psychology LMFT LMHC Social Work

**CE Credits offered:** 6

(Note: The following includes required elements of your certificate for Social Work CE credits):

Name & Title, Degree, License \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

Lic. No.: \_\_\_\_\_ State: \_\_\_\_\_

By signing this form, I am confirming that the information entered above is correct and that I viewed the video presentation and completed the questions and evaluation forms for each.

\_\_\_\_\_  
Signature, Title, License

\_\_\_\_\_  
Date

Please email completed post-test, evaluation, and this form to:

[mweinberg@amegoinc.org](mailto:mweinberg@amegoinc.org)

Tel.: 321-541-1972