



# COLORADO

Department of  
Regulatory Agencies

Division of Professions and Occupations

## Learning Plan | Marriage and Family Therapist

This form is to be used by marriage and family therapists as a tool to document professional learning goals and demonstrate the completion of required Professional Development Hours (PDH). The plan may change throughout the renewal cycle but must be final before renewing a license. DORA will not retain a copy of this form. Save this completed form for your records. This form will be submitted if selected for an audit.

Name:

First

Middle

Last/Suffix

License Number:

Date:

### Learning Plan

State your learning goals based on the results of your Practice Survey and Self-Assessment:

Learning Goal 1:

Learning Goal 2:

### PDH Documentation

Document completion of PDH below. Forty (40) hours of PDH per renewal period are required. No more than twenty (20) may be accrued in a single category during the renewal cycle. Categories for PDH:

Coursework

Group Learning\*

Mentoring

Publishing

Independent Learning \*

Presenting

Volunteer Service

Supervision

\* Independent or Group Learning activities require the [Independent/Group Learning Form](#).

See the Professional Development Activity (PDA) Chart and the Continuing Professional Competency Manual for explanations of PDH categories available online at [dpo.colorado.gov/MarriageFamilyTherapy/CPC](http://dpo.colorado.gov/MarriageFamilyTherapy/CPC).

PDH Category	Provider & Contact Info	Date Completed	# of Hours Completed	Documentation Attached?
Example: Volunteer Service	Red Rocks Health Fair, 123 Lane, Golden, CO Phone 303-555-5555	August 16, 2016	5	Yes

PDH Category	Provider & Contact Info	Date Completed	# of Hours Completed	Documentation Attached?
Total Hours				

**Attestation**

This form serves as verification that I have completed the Practice Survey and Self-Assessment. I attest that the Learning Plan established above pertains to my assessment and will help me achieve the Learning Goals relevant to my advancement, experience, and/or practice. I understand that falsifying an attestation or other documentation regarding my compliance with continuing professional competency requirements may be ground for discipline.

Signature \_\_\_\_\_

Date \_\_\_\_\_