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## Course pre-approval application form for educational institutions

### SCHOOL / CONTACT INFORMATION

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Name of University / School:

Name of Program Director:

Contact Email:

Website Address:

### COURSE INFORMATION

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Course Title:

Course Instructor:

Instructor's AAMFT member ID (if applicable):

Number of Credits or Class Contact Hours to be Completed:

Course Syllabus: Please submit this form and course syllabus to AAMFT via email to [coursepreapproval@aamft.org](mailto:coursepreapproval@aamft.org)

### PAYMENT INFORMATION

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Method of payment: (Credit Card or Check)

Name on card:

Credit Card Number:

Expiration date:

Security code:

Signature:

Signature Date: