



Application for NBCC Approved Providers Offering A New Type of Continuing Education Program **Fee: \$200**

(This form must accompany each new type of program submitted for approval)

Title of Program: _____

Type of Program: ___Live Program ___Traditional ___Subscription ___Online

Sponsor/Provider: _____

Contact Person (please print): _____

Provider Phone/Email: _____

NBCC Approved Provider Number: _____ **Number of Contact Hours Requested:** _____

Type of Learning Instrument (for Traditional home study programs only):
___Book and Quiz ___Tape (Audio/Video) or CD Rom and Quiz ___Other _____

Date the learning material was created/published: (for home study programs only) _____

NBCC Content Area this program relates to: _____

Are your quizzes prepared by a mental health professional? ___Yes ___No
(If no, please attach an explanation)

Summary of Content: For internet-based programs, include URL plus any password needed to completely review entire program. For Subscription to Periodicals, send one year's worth of the periodical and at least one quiz.

Please return this form and accompanying materials to:

**NBCC Recertification
and Continuing Education Department
3 Terrace Way
Greensboro, NC 27403**

Include:

1) a copy of the complete program (For **Internet-based** programs, submit a hard copy of the text information) 2) a check for **\$200**

For Office Use:

Check Date- _____ Check Amount _____ Check # _____ Approval Date _____