

**Send form if NO payment is due to:**

National Board for Certified Counselors  
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**Send form with payment due to:**

NBCC, Recertification Department  
PO Box 77698  
Greensboro, NC 27417-7698

**NBCC VOLUNTARY CONTINUING EDUCATION AUDIT  
POLICIES AND INSTRUCTIONS**

**HOW TO QUALIFY FOR CONTINUING EDUCATION MERIT RECOGNITION**

To qualify for NCC continuing education merit recognition, you are required to document a minimum of 130 contact hours of participation in continuing education activities that meet NBCC requirements. This is for **recognition only** and does not take the place of the recertification form or process.

**HOW TO SUBMIT CONTINUING EDUCATION RECORDS FOR REVIEW**

**STEP 1.** Review the attached "voluntary audit data sheets." It lists the number of approved contact hours that NBCC currently has on record for you as well as the total number of contact hours that you need to submit in order to qualify for merit recognition. Read carefully the "Guidelines for Completing the Record of Continuing Education."

**STEP 2.** List each continuing education activity you are submitting on the "Continuing Education Activities Record Sheet." **Assure the success of your CE review by following these tips:**

- ◆ Make sure that you list all activities in the format required on the record sheet.
- ◆ Submit documentation verifying your participation in **EACH** activity for which you are seeking credit.
- ◆ Be careful not to resubmit activities that have already been reviewed by NBCC and for which you have received recertification credit.
- ◆ Submit only activities that took place during the five-year certification period that you recently completed or will complete in the next 12 months.
- ◆ Under NBCC recertification policies, there are limits to the number of hours that can be used to meet the 100-hour recertification requirement in a five-year certification period. These include: dissertation (45 contact hours), publications/presentations (20 contact hours), supervision/case consultation (25 contact hours) and leadership (20 contact hours). You are eligible to receive credit for contact hours in excess of these limits for the purpose of meeting the voluntary audit requirements.
- ◆ Convert all continuing education measures to contact hours using the following formulas:

**1 CEU = 10 contact hours**  
**1 Semester Credit = 15 contact hours**  
**1 Quarter Credit = 10 contact hours**

**HELPFUL HINT:** Some organizations use terms that resemble CEU (Continuing Education Unit) but are not actually equivalent to 10 contact hours. Be sure to multiply the number of CEUs by 10 **ONLY** when the product seems equal to the number of actual clock hours for your activity.

**STEP 3.** Sign the data sheets. Enclose these sheets with your continuing education documentation and the non-refundable \$45.00 review fee. Mail the packet and payment to: **NBCC, Recertification Department, PO Box 77698, Greensboro, NC 27417-7698.**

**NOTIFICATION OF PASSING THE AUDIT AND MERIT CERTIFICATE.** Upon completion of your audit review, NBCC will notify you of the result. Upon passing the audit, you will be sent a certificate of merit suitable for framing. Candidates who do not pass the audit will receive correspondence regarding problems encountered in reviewing materials and will be provided with suggestions for correcting the problems.

**The National Board for Certified Counselors, Inc. (NBCC) values diversity. There will be no barriers to certification on the basis of gender, race, creed, age, sexual orientation, or national origin.**

**NBCC VOLUNTARY AUDIT DATA SHEET**

1. Name: \_\_\_\_\_  
Last First Middle

2. NBCC Number \_\_\_\_\_

3. Address: \_\_\_\_\_  
\_\_\_\_\_

4. To be eligible for review, activities must have taken place between the following dates: \_\_\_\_\_

5. Number of approved contact hours currently on file: \_\_\_\_\_

6. Number of additional contact hours needed to meet the 130 contact hour merit requirement: \_\_\_\_\_

7. Specialty certification(s) held: \_\_\_\_\_

8. Signature: This is to certify that the submitted record of continuing education is accurate and reflects the continuing education activities I have taken within the recently completed five-year NBCC certification period. I attest to the fact that these activities have not been previously submitted to and approved by NBCC. I understand that passing the Voluntary Audit satisfies the hours for recertification but does not take the place of the Recertification Form or process.

\_\_\_\_\_  
Signature Date

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**FOR NBCC USE ONLY**

Date Paid \_\_\_\_\_ Total Number Contact Hours Approved \_\_\_\_\_

Check No. \_\_\_\_\_ Meet Voluntary Audit \_\_\_\_\_

Amount \_\_\_\_\_ Date \_\_\_\_\_

