



# Single Program Application

This application is for live continuing education events only. Submission of a completed application does not guarantee approval. Application fees are nonrefundable. NBCC will not prereview any application or program. Incomplete applications will not be considered. Application or program management cannot be delegated to another entity.

Title of Program: \_\_\_\_\_

Program Website: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Name of Authorized Representative: \_\_\_\_\_

**The applicant must designate an authorized representative to communicate and cooperate with NBCC concerning all matters related to the requested single program approval.**

Date of Program: \_\_\_\_\_

Is this a multisession program?  Yes  No      Number of Sessions: \_\_\_\_\_

**If not submitting entire conference for review, application should clearly identify the sessions.**

## Organization Information

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

City, State, ZIP Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Number of individual, reviewable sessions or workshops for review: \_\_\_\_\_

Preferred method to receive application decision:  E-mail  USPS postal mail

Program Size	Definition	Fee	Submission Requirements
<b>Small Program</b>	17 or fewer sessions or workshops for review	\$300	Application must be received 60 days prior to program date
<b>Large Program</b>	18 or more sessions or workshops for review	\$500	Application must be received 90 days prior to program date
<b>Add Rush Option</b>	Providers must pay an additional "rush" fee for review less than 60 or 90 (as applicable) days prior to the program date. At least 30 days are required for a rush review.	Additional \$150 for small programs  Additional \$200 for large programs	Applications received less than 60 or 90 days prior to the program date will incur an additional \$150/\$200 rush fee. Rush applications must be received 30 days prior to program date.

**Applications received less than 30 days prior to the program date, regardless of program size, are not eligible for approval. Application fees are nonrefundable and nontransferable.**



<b>OFFICE USE ONLY</b>	REF.#1: _____	BATCH #1: _____
	DATE: _____	AMOUNT: _____



# Approval Requirements

Providers seeking to offer single programs for NBCC continuing education credit (NBCC credit or NBCC hours) must satisfy all applicable NBCC Continuing Education Provider Policy (policy) requirements, including all application requirements and policy terms related to program content, instructors/presenters and provider activities.

Single program providers can offer NBCC credit only for live event programs, including real-time interactive programs and in-service programs presented in person or by electronic devices that permit the participant to communicate and interact with the presenter(s) consistent with policy and the directives of NBCC.

- (a). Each single program and application must be reviewed and receive written approval by NBCC prior to being offered for NBCC continuing education credit. If approved by NBCC, the program may be offered for NBCC credit for the duration of one year following the approval date, conditioned upon no material change to the program and compliance with all policy requirements.
- (b). Following the expiration or termination of a single program approval, a provider may reapply for approval. In order to maintain uninterrupted approval, the provider must submit the application at least 60 days prior to the program approval expiration date, including all required and supporting materials, and all fees and costs related to the single program application. A rush fee will apply if received less than 60 days prior to expiration.
- (c). NBCC retains the sole authority and discretion to approve, reject or condition a single program for continuing education credit.

## Single Program Eligibility Requirements

In order to qualify for single program approval, a provider must satisfy the following program eligibility requirements:

- (a). The provider satisfies all policy requirements, agreements and instructions.
- (b). The content and quality of the program satisfy and are consistent with all NBCC policy requirements, agreements and instructions.
- (c). The program presenters satisfy all policy requirements, agreements and instructions, including rules concerning presenter qualifications, knowledge and performance.
- (d). The provider designates an authorized representative to communicate and cooperate with NBCC concerning all matters related to the requested single program approval.
- (e). The provider submits a completed and accurate single program application to NBCC, including all required information, materials and fees. All such application materials become the property of NBCC, and application fees are not refundable.



# Application Requirements

Incomplete or unsigned applications will not be reviewed. Full and correct payment must accompany the application. **Do not send payment separately.**

1. Title of Program: \_\_\_\_\_
2. Program Date(s): \_\_\_\_\_
3. Target Audience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. The maximum number of CE hours available for this program is: **(Do not use the term CEU.)** \_\_\_\_\_
5. Briefly describe the facility in which the program will take place: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Is the facility ADA compliant?     Yes     No
7. Does the provider maintain policies concerning program fees, refunds and participant cancellation?     Yes     No
8. Does the provider maintain a written and published policy concerning the review and resolution of program participant complaints and disputes related to provider programs?     Yes     No
9. Describe the provider's procedure for verifying attendance: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. Has the provider ever been denied approval as a continuing education provider or had a program denied approval?  
 Yes     No    If yes, by which organization(s) was the provider or program denied? \_\_\_\_\_  
\_\_\_\_\_

## Include with your application:

- A completed copy of Attachment A.
- A copy of the proposed brochure or flyer advertising the program that includes all information required in section C.15 of the policy. Identify where the NBCC approval statement will be located. Policy, section C.15 requires:
  - Program registration requirements;
  - Program content description and learning objectives for all sessions;
  - The name and qualifications of each program presenter or author;
  - The number of NBCC hours offered for completion of the program; and,
  - The provider contact information, including mailing address, telephone number, e-mail address, and website address.
- A copy of the agenda for the program.
- A Presenter Qualification Form for each presenter and a curriculum vitae, résumé or other documentation to verify education, experience and/or training. The curriculum vitae or résumé must include the presenter's degree and field of study. A spreadsheet may instead be submitted for a large program provided it includes all required information and fits on ledger-sized paper.
- A copy of the evaluation form that will be used by participants.
- A copy of the proposed certificate of completion that will be distributed to participants. (See sample.)

*I attest that I have read and understand this application and the NBCC Continuing Education Provider Policy and that the information provided in this application and the attachments is complete, true and accurate.*

Name of Authorized Representative: \_\_\_\_\_

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

**Send application, required materials and payment to:**

**NBCC CE Department  
P.O. Box 63160  
Charlotte, NC 28263-3160.**

You may also fax the application, required materials and payment form to 336-547-0017 (Attn: CE Department).

Submission of application does not guarantee approval. Applications are reviewed in the order that they are received unless a rush fee is applied. Review of large program applications submitted with a rush fee is not guaranteed. Applications received less than 30 days prior to the program date are not eligible for review.

Contact [continuinged@nbcc.org](mailto:continuinged@nbcc.org) with questions.



# Single Program Application: Attachment A

For multi-session programs, a completed copy of Attachment A must be submitted for each session you wish to have reviewed. If your program is not multi-session, one copy of Attachment A can be submitted.

Title of Program: \_\_\_\_\_

Presenter(s): \_\_\_\_\_

*Include a Presenter Qualification Form for each presenter and identify who presented what material.*

Target Audience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number of CE Hours Available: \_\_\_\_\_

Describe the program content: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Learning Objectives

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Include brochures, agendas, and other promotional materials for the program.



# Presenter Qualification Form

In order for a provider to offer and issue NBCC continuing education credit, the program must satisfy the following requirements: the subject matter must be directly and primarily related to an NBCC content area, and the presenter of the program must qualify as a presenter for the subject matter presented. Qualifying programs must be taught by presenters who possess appropriate qualifications, as required by the NBCC *Continuing Education Provider Policy*.

Presenter Name: \_\_\_\_\_

Current Position Title: \_\_\_\_\_

Title of program or session/workshop that he or she will present: \_\_\_\_\_

\_\_\_\_\_

Session Number (if applicable): \_\_\_\_\_

The subject matter of this program is directly and primarily related to the following NBCC content area(s) (policy, section G):

\_\_\_\_\_

\_\_\_\_\_

Select the presenter category appropriate for this individual (check one):

- Category 1 Presenter
- Category 2 Presenter
- Category 3 Presenter

## Education

	Degree	Major or Field of Study	Institution	Year
Master's				
Doctorate				
Other				

Training Relevant to Topic Presented/Authoried:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Professional Licenses or Certifications:

\_\_\_\_\_

\_\_\_\_\_

**A curriculum vitae, résum  or other documentation to verify education, experience and/or training must be attached to this form for each presenter.**



# Sample Single Program Certificate

The sample certificate submitted with your application should meet the requirements set forth in the NBCC *Continuing Education Provider Policy*, section I.3:

## **Live Program Document of Completion Requirements**

The Provider must prepare and issue a document of completion (certificate or letter) to each participant completing a qualifying live, real-time program offered for NBCC credit. Such certificate or letter must include the following information:

- (a). The name and contact information of the Provider;
- (b). The title and date of the live program;
- (c). The name of the participant to whom the NBCC hours are awarded;
- (d). The number of NBCC hours awarded to the named participant;
- (e). The name and signature of an authorized representative of the Provider; and,
- (f). The NBCC ACEP or NBCC Single Program Provider number.

A certificate or letter verifying program completion must be made available by the Provider to eligible participants in a timely manner after the conclusion of the program. Such certificates or letters must not be made available prior to the end of the qualifying program.

Continuing Education Institute, Inc.

THIS IS TO CERTIFY THAT

**Participant Name**

Has completed the training:  
Counseling Clients using Best Practices

February 6, 2015  
NBCC Clock Hours: 6

NBCC Approval Number: SP-XXXX

[contact@CE.org](mailto:contact@CE.org)  
Continuing Education Institute, Inc.  
1234 Continuing Education Rd.  
Greensboro, NC 27403  
(336) 123-4567

John Smith, Ph.D., Executive Director  
Continuing Education Institute, Inc.  
[www.CE.org](http://www.CE.org)



# Single Program Application Payment Authorization

Name of Organization: \_\_\_\_\_

Name of Authorized Representative: \_\_\_\_\_

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## PAYMENT FORM:

Enclosed is a check or money order, payable to NBCC, in the amount of \$\_\_\_\_\_.

**Note:** Please write "Single Program Application" on the memo line.

I authorize NBCC to charge the card below in the amount of \$\_\_\_\_\_.

Card Type:     VISA     MasterCard     American Express

Name on Card:

Card Number:       Expiration Date:  /

Verification Code Numbers (from back of card):

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_ Evening Telephone : \_\_\_\_\_