



University Counselor Education Department ACEP Application Payment Authorization

Name of University: _____

Name of Authorized Representative: _____

Application	Application Fee
Live Event Program Delivery Format only	\$0 **
**The \$0 fee only applies to first-time applications. If the department has previously failed to maintain their ACEP status and wishes to reinstate that ACEP status, the applicant must submit a \$250 reinstatement fee with this application.	
All fees are nonrefundable and nontransferable.	

Check or money order payable to NBCC. (Write "ACEP 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 : _____

Contact continuinged@nbcc.org with questions.