





















## University Counselor Education Department ACEP Application Payment Authorization

Name of University: \_\_\_\_\_

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

Application	Application Fee
Live Event Program Delivery Format only	<b>\$0 **</b>
**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 <b>\$250 reinstatement fee</b> with this application.	
<b>All fees are nonrefundable and nontransferable.</b>	

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