



NBCC Continuing Education Calendar Listing Request Form

As a service to NBCC certificants and approved providers of continuing education, NBCC maintains a calendar of live continuing education programs on its Web site (www.nbcc.org). NBCC Approved Continuing Education Providers (ACEPs) and organizations that have had single programs (SPs) approved may list events free of charge; however, content is subject to NBCC approval.

DIRECTIONS

To submit program listings via e-mail: Complete this form and click the "submit" button at the bottom of the page to e-mail your request. You will need Adobe Acrobat 7 or better to fill out the form electronically.

You may instead provide the required information (listed below) in the body of an e-mail and send it to continuinged@nbcc.org.

To submit program listings via fax: Complete this form electronically or by hand and fax to NBCC at 336-547-0017.

To submit program listings via postal mail: Complete this form and submit it to NBCC Continuing Education Calendar, 3 Terrace Way, Greensboro, NC 27403-3660

Important note: In order for items to appear in the calendar's monthly update, they must be received no later than the 20th of the preceding month.

ACEP or SP INFORMATION

Name of organization holding NBCC ACEP status or SP approval: _____

NBCC ACEP or SP number: _____ Contact person for listing: _____

Contact information for listing: _____

Form completed by: _____ Date: _____

PROGRAM INFORMATION

Date of program: _____ Location: _____

Title: _____

Date of program: _____ Location: _____

Title: _____

Date of program: _____ Location: _____

Title: _____

Date of program: _____ Location: _____

Title: _____

If necessary, continue adding live event programs on page 2.

The "submit" button is compatible only with Internet Explorer. If you are using another browser, please save your changes and e-mail the form to continuinged@nbcc.org.



NBCC Continuing Education Calendar Listing Request Form

ACEP or SP Approval Number: _____

Date of Submission: _____

PROGRAM INFORMATION (continued)

Date of program: _____ Location: _____

Title: _____

Date of program: _____ Location: _____

Title: _____

Date of program: _____ Location: _____

Title: _____

Date of program: _____ Location: _____

Title: _____

Date of program: _____ Location: _____

Title: _____

Date of program: _____ Location: _____

Title: _____

Date of program: _____ Location: _____

Title: _____

Date of program: _____ Location: _____

Title: _____

Date of program: _____ Location: _____

Title: _____

The "submit" button is compatible only with Internet Explorer. If you are using another browser, please save your changes and e-mail the form to continuinged@nbcc.org.