

SPECIAL CONTINUING EDUCATION APPROVAL APPLICATION
for American Counseling Association (ACA) and American Mental Health Counseling
Association (AMHCA) Branches and Divisions

Branch, Region or Division: _____

President: _____

Term Start Date: _____ End Date: _____

ACEP Administrator: _____

Program Administrator (must have an advanced degree in a mental health field):

Mailing Address: _____

Telephone Number: _____

Fax Number: _____

E-mail Address: _____

Web site: _____

The above information is accurate to the best of my knowledge. I am willing to answer additional questions concerning this application if the NBCC Board of Directors deems it necessary.

Signature

Date

Printed Name

Following initial approval, additional delivery formats can be submitted using the Application for NBCC-Approved Providers Offering a New Delivery Format, available at www.nbcc.org/Assets/CEProvider/apphomestudyapproval.pdf.

FOR NBCC USE ONLY

Provider Number

Date Approved

Packet Sent

Entered in Database

Attach NBCC Policies and Procedures Manual.