

ACEP #:

2015 Annual ACEP Update Form for University Counseling Departments, ACA and AMHCA



ACEP Name: _____

Mailing Address: _____

Business Telephone: _____

Business Web Site: _____

ACEP Administrator Name: _____

ACEP Administrator E-mail: _____

The ACEP must designate an authorized representative to serve as the provider's ACEP administrator. Among other responsibilities, the ACEP administrator will serve as the primary contact person with NBCC concerning all ACEP program matters.

Program Administrator Name: _____

Program Administrator E-mail: _____

Program Administrator Educational Background and Credentials: _____

The ACEP must designate a qualified representative to serve as the provider's program content administrator (program administrator). The program administrator must hold an advanced degree in a mental health field from an accredited educational institution. The program administrator will be responsible for assuring that the content of all provider programs and the qualifications of all program presenters satisfy the requirements of the policy. The program administrator also may serve as the ACEP administrator.

Check all delivery formats that ACEP is approved to offer:

- Live Event:** Real-time, interactive programs either delivered in person or by electronic devices that permit the participant to interact with the presenter(s), including qualified programs delivered solely for in-service training directly related to employment.
- Home Study** (online, traditional and/or subscription): Text-based learning materials, prerecorded or on-demand webinars, and other audiovisual materials that include an assessment demonstrating that the participant completed the program.

Send form, required materials and payment to:

NBCC CE Department
3 Terrace Way
Greensboro, NC 27403-3660.

Payment must accompany this form.

Annual Update Requirements

You must include the following items with this form in order for NBCC to process your update:

1. A completed copy of Attachment A, including promotional literature and educational background with field of study for all presenters;
2. A sample of the certificate used to award NBCC clock hours to participants for each program listed on Attachment A;
3. A summary of participant evaluations for each program listed on Attachment A, including relevant blank participant evaluation forms; and
4. The annual ACEP update fee.

Concerning each qualifying program, the provider must make all published information available to program participants and NBCC without restriction, including program descriptions, presentation materials, name and qualifications of each presenter and author, and program agendas.

If your Web site has a members-only section or restricted section open only to participants, provide the following for review purposes:

Web site domain/URL: _____

Username for NBCC: _____

Password for NBCC: _____

Attestation

I attest to the following:

I will adhere to the NBCC *Continuing Education Provider Policy*.

If the ACEP intends to cosponsor any programs for NBCC credit on or after May 1, 2015, a completed cosponsorship application will be submitted 90 days in advance for each proposed cosponsored program.

Programs offered for NBCC credit will be consistent with the current *Diagnostic and Statistical Manual of Mental Disorders (DSM)*, NBCC *Code of Ethics*, NBCC *Continuing Education Provider Policy* and NBCC *Policy Regarding the Provision of Distance Professional Services*.

The ACEP will promptly report to NBCC any changes in contact information, including the designation of a new ACEP administrator should I leave my current position.

The information provided on this form and the attachments is complete.

Signature of ACEP Administrator: _____ Date: _____

Print Name: _____

Attachment A

Complete the following for three programs that offered NBCC clock hours from May 1, 2014, to April 30, 2015. If the ACEP has not offered NBCC clock hours for three programs, you may submit fewer.

Provide promotional literature (e.g., flyers, brochures and Web site information) for all listed programs.

| Date | Program 1 | NCCs in Attendance | Total Attendance | NBCC Clock Hours |
|------|-----------|--------------------|------------------|------------------|
| | | | | |

Is this a new program? Yes No Is this a multisession conference? Yes No

Presenter(s)/author(s) and educational background with field of study (for all presenters*):

Target Audience: _____

| Date | Program 2 | NCCs in Attendance | Total Attendance | NBCC Clock Hours |
|------|-----------|--------------------|------------------|------------------|
| | | | | |

Is this a new program? Yes No Is this a multisession conference? Yes No

Presenter(s)/author(s) and educational background with field of study (for all presenters*):

Target Audience: _____

| Date | Program 3 | NCCs in Attendance | Total Attendance | NBCC Clock Hours |
|------|-----------|--------------------|------------------|------------------|
| | | | | |

Is this a new program? Yes No Is this a multisession conference? Yes No

Presenter(s)/author(s) and educational background with field of study (for all presenters*):

Target Audience: _____

NBCC clock hours were offered for fewer than three programs from May 1, 2014, to April 30, 2015.

* If more space is needed, include additional presenter information on a separate page.

ACEP #:



2015 Annual ACEP Update Billing and Payment Authorization

ACEP #: _____

ACEP Organization: _____

FOR NBCC OFFICE USE ONLY:

REF #1: _____

BATCH #1: _____

DATE: _____

AMOUNT: _____

2015 Annual ACEP Update Billing and Payment Authorization

ACEP #: _____

ACEP Organization: _____

Due Date : 4/30/15

Amount Due: \$150

Amount Paid:

Check or money order payable to NBCC. (Include the ACEP number on the memo line.)

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 : _____

Send this completed form with payment to:
NBCC Continuing Education Dept.
3 Terrace Way
Greensboro, NC 27403-3660

Fax to: 336-547-0017