



# ACA and AMHCA Divisions and Branches ACEP Application

This application is for divisions and branches of the American Counseling Association or American Mental Health Counselors Association that offer live CE programs to apply for NBCC Approved Continuing Education Provider (ACEP) status. Submission of a completed application does not guarantee approval. NBCC will not prereview applications or programs. Incomplete applications will not be considered.

## Continuing Education Provider Information:

Name of Division or Branch: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City, State, ZIP Code: \_\_\_\_\_  
 Physical Address (if different from above): \_\_\_\_\_  
 City, State, ZIP Code: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
 Website: \_\_\_\_\_

## ACEP Administrator Information

*The applicant must designate an authorized representative to serve as ACEP administrator. Among other responsibilities, the ACEP administrator serves as the primary contact person with NBCC concerning all ACEP program matters.*

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_

## Continuing Education Program Administrator Information

*The applicant must designate a qualified representative to serve as program administrator. The program administrator must hold an advanced degree in a mental health field from an accredited educational institution. The program administrator is responsible for assuring that the content of all programs offering NBCC credit and the qualifications of all program presenters satisfy NBCC requirements. The program administrator may also serve as the ACEP administrator.*

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_  
 Educational Degree and Field of Study: \_\_\_\_\_

Application	Application Fee
Live Event Program Delivery Format only	\$0 **
**The \$0 fee only applies to first-time ACA/AMHCA applications. If the division or branch has previously failed to maintain 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>	



OFFICE USE ONLY	REF#1: _____ BATCH#1: _____
	DATE: _____ AMOUNT: _____



# Approval Requirements

ACEP status is granted by NBCC to eligible providers demonstrating compliance with all ACEP provider and program requirements, including all applicable terms of the [NBCC Continuing Education Provider Policy](#). NBCC retains the sole authority to determine if a provider qualifies for ACEP status.

If granted ACEP status, the approved provider is authorized to offer NBCC credit for qualifying programs in the approved delivery format.

The guiding principle and operational goal of the NBCC ACEP process is to identify qualified program providers that are able to offer qualifying programs consistent with the requirements of the NBCC provider policy. ACEP status is limited to organizations and individuals that can function independently and have the resources to satisfy all policy requirements.

## ACEP Status Eligibility Requirements

In order to qualify for ACEP status, an applicant must satisfy all NBCC ACEP eligibility requirements, including the following:

- (a). The applicant currently develops and presents continuing education programs that would qualify for credit under the policy.
- (b). The applicant must sufficiently demonstrate that the organization or individual offers and presents at least two different live programs or one home study program that would qualify for NBCC credit under the policy.
- (c). The applicant must designate an authorized representative to serve as ACEP administrator. Among other responsibilities, the ACEP administrator serves as the primary contact person for NBCC concerning all ACEP program matters.
- (d). The applicant must designate a qualified representative to serve as the program administrator. The program administrator must hold an advanced degree in a mental health field from an accredited educational institution. The program administrator is responsible for assuring that the content of all provider programs offering NBCC credit and the qualifications of all program presenters satisfy the requirements of the policy. The program administrator may also serve as the ACEP administrator.
- (e). The applicant must submit a complete ACEP application, including all required information, materials and fees. All ACEP application materials become the property of NBCC, and fees are not refundable.
- (f). The applicant must not display any statement concerning NBCC approval or status prior to written notification of approval from NBCC.

Programs submitted must have been created, developed, advertised, planned and implemented by the applicant. Sessions presented by the applicant for another provider's program or conference will not be considered. The applicant cannot delegate any portion of the application process to another organization. Programs submitted as part of the ACEP application cannot be from a cosponsorship relationship or a cosponsored program.



# Application Requirements

Incomplete or unsigned applications will not be reviewed. Correct payment (if applicable) must accompany the application.

This application is for live event delivery format only:

**Live Event Delivery Format:** 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.

1. Describe how the continuing education of counselors supports the overall goals of the provider.

2. Describe the target audience (education level and profession) to whom you direct your continuing education programs.

3. The applicant will provide all legally required disability accommodations to participants. All live programs offered for NBCC credit will be presented in facilities compliant with all federal and state laws, including the Americans with Disabilities Act (ADA).

Yes       No

4. Describe the process by which you select presenters/authors for your continuing education programs.

5. Does the provider maintain policies concerning program fees, refunds and cancellation?

Yes       No

6. Does the provider maintain a published policy concerning the review and resolution of participant complaints and disputes related to programs?       Yes       No

7. Describe the organization's procedure for verifying attendance, including a sign in/sign out procedure.

8. Describe the organization's procedure for distributing certificates of completion.

9. Describe the record-keeping process that will be utilized to maintain all materials listed in policy section C.10 for a period of five years following each program.

10. Describe the method by which program evaluations are obtained from participants and how those evaluation results are used for future program planning.

11. Describe the provisions ensuring the privacy of participants' confidential information.

12. Describe the provisions made to protect client confidentiality and information that may be presented or disclosed during a program, consistent with the NBCC *Code of Ethics*.

13. Has the provider been denied approval as a continuing education provider or had a program denied approval?

- Yes       No

If yes, by which organization(s) was the provider or program denied and why?

### For Live Event Delivery Format

The applicant must sufficiently demonstrate that the provider has previously created, developed, advertised, planned and implemented at least two different live programs that qualify for credit under the [NBCC Continuing Education Provider Policy](#).

Submit the following with this application:

- 1. Completed copies of Attachment A for two different previously offered live event programs;
- 2. Brochures, agendas and other promotional materials for the programs listed on Attachment A;
- 3. Evaluation summaries for the programs listed on Attachment A and a blank evaluation form;
- 4. Presenter Qualification Form accurately identifying all individual and organizational program presenters, including the qualifications, with relevant academic degree and field of study, of each presenter;
- 5. Sample certificates of completion distributed to participants for the programs listed on Attachment A;
- 6. Curriculum vitae or résumé of program administrator; and

Each provider offering NBCC credit is solely responsible for submitting to NBCC all required information and documentation demonstrating that the provider and the provider’s programs are in compliance with the policy. Providers failing to demonstrate compliance with the policy may be sanctioned by NBCC, including the disqualification of noncompliant programs or providers, or suspension or termination of ACEP status.

**I attest that I understand the NBCC Continuing Education Provider Policy (policy) and that the information provided in this application and the attachments is complete. If approved as an ACEP, the provider will comply with the terms set forth in the policy.**

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Send application, required materials and payment form (if applicable) to:

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

*You may also fax the application, required materials and payment form to 336-547-0017 (Attention: CE Department).*

*Submission of an application does not guarantee approval. Applications are reviewed in the order they are received.*

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



## Attachment A (1) For Live Event Delivery Format

**Submit completed copies of Attachment A for two different previously offered live programs.**

Title of Program: \_\_\_\_\_

Date Offered: \_\_\_\_\_

Presenter(s): \_\_\_\_\_

*Submit a Presenter Qualification Form for each presenter and identify who presented what subject matter.*

This program is designed for: \_\_\_\_\_

Number of Participants	Estimated Number of Participants Who Were Graduate-Level Counselors	Number of Hours of Credit Offered

Program Content Description (attach additional pages if more space is needed):

Learning Objectives:

- 1.
- 2.
- 3.
- 4.

**Submit the following with this form:**

1. Brochures, agendas and other promotional materials for the program listed;
2. Evaluation summaries from the program listed and a blank evaluation form;
3. Completed Presenter Qualification Form for the program listed along with a curriculum vitae or résumé for each presenter; and
4. Sample certificates of completion for the program listed.



## Attachment A (2) For Live Event Delivery Format

**Submit completed copies of Attachment A for two different previously offered live programs.**

Title of Program: \_\_\_\_\_

Date Offered: \_\_\_\_\_

Presenter(s): \_\_\_\_\_

*Submit a Presenter Qualification Form for each presenter and identify who presented what subject matter.*

This program is designed for: \_\_\_\_\_

Number of Participants	Estimated Number of Participants Who Were Graduate-Level Counselors	Number of Hours of Credit Offered

Program Content Description (attach additional pages if more space is needed):

Learning Objectives:

- 1.
- 2.
- 3.
- 4.

**Submit the following with this form:**

1. Brochures, agendas and other promotional materials for the program listed;
2. Evaluation summaries from the program listed and a blank evaluation form;
3. Completed Presenter Qualification Form for the program listed along with a curriculum vitae or résumé for each presenter; and
4. Sample certificates of completion for the program listed.



## Presenter Qualification Form

In order for a provider to offer NBCC continuing education credit for a program, the subject matter must be directly related to an NBCC content area and the presenter/author must qualify as a presenter for the subject matter presented, as required by the [NBCC Continuing Education Provider Policy](#).

Presenter Name: \_\_\_\_\_

Title of Program or Session/Workshop: \_\_\_\_\_

NBCC content area(s) to which the subject matter of this program is directly related (policy section G):

Select the presenter category appropriate for this individual:

- Category 1 Presenter     
  Category 2 Presenter     
  Category 3 Presenter

**Education**

	Degree	Major or Field of Study	Institution	Year
Master's				
Doctorate				
Other				

Describe relevant experience and/or training related to topic presented/authored.

Professional Licenses or Certifications:

**A curriculum vitae, résumé or other documentation to verify education, experience and training must be attached to this form for each presenter.**





## ACA and AMHCA Branches and Divisions ACEP Application Payment Authorization

Name of Branch or Division: \_\_\_\_\_

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

Application	Application Fee
Live Event Program Delivery Format only	<b>\$0 **</b>
**The \$0 fee only applies to first-time ACA/AMHCA applications. If the division or branch has previously failed to maintain ACEP status and wishes to reinstate that ACEP status, the applicant must submit a <b>\$250 reinstatement fee</b> with this application.	
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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.