



# 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](http://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](mailto: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](mailto: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: \_\_\_\_\_

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Date of program: \_\_\_\_\_ Location: \_\_\_\_\_

Title: \_\_\_\_\_

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