



NBCC Continuing Education Credit Verification

This form should be completed by the continuing education provider and given to the National Certified Counselor (NCC). This form is only for NCCs who attended a live, in-person continuing education program for which a certificate of completion was not available. A live program is defined as a real-time, interactive program delivered either in person or by electronic devices that permit the participant to interact with the presenter.

Upload this form to your CE portfolio at ProCounselor.nbcc.org.

NCC Name: _____ NCC Number: _____

Continuing Education Provider and Program Information:

1. Name of Continuing Education Program: _____

2. Date: _____ Time: From _____ To _____

3. Location: _____ 4. Clock Hours Awarded: _____

5. Name of Continuing Education Provider: _____

6. Provider's Address: _____

7. Provider's Telephone Number: _____ 8. Provider's E-mail: _____

9. Provider's Web Site: _____

10. In addition to this form, the NCC must submit program information that includes course description, program learning objectives and presenter qualifications to NBCC. The NCC must also include a copy of the program brochure or agenda.

Program Attendance Verification:

Authorized Representative for the Provider

Name Title

I attest that the above-named NCC attended this continuing education program for the hours specified above.

Signature of Authorized Representative Date

NCC Attestation

I attest that the information provided on this form is complete and reflects my attendance at the above-named continuing education program.

Signature of NCC Date