

NORTH DAKOTA BOARD OF COUNSELOR EXAMINERS

2112 - 10th Avenue SE
Mandan, North Dakota 58554
(701)667-5969 ndbce@btinet.net

Counselor Application for Approval of Continuing Education

COUNSELOR INFORMATION

ATTACH CERTIFICATE OF PARTICIPATION, PRESENTER CREDENTIALS AND CONTENT DESCRIPTION

Name: _____

Address: _____

Phone: _____ Fax: _____

E-mail: _____

License # _____

CONTINUING EDUCATION INFORMATION

Title and brief description of workshop or course:

Sponsor: _____

Location: _____

Date(s): _____ C.Ed. Hours _____

Attach the **certificates of participation, transcripts**, or other **written verification** that documents your participation in or completion of the activities. Also attach documents which **describe the content** of the presentation and **credentials of the presenter**.

++ One continuing education hour (CEH) is granted for every 50 minutes of attendance in continuing education programs.

The Board records only the CEH's required by law for Professional Counselor licensure. If you need a record of your CEH's for any other purpose, we suggest **you keep the original documentation** for your own records. Any CEH's submitted during the two-year licensure period that exceed the required number for licensure will not be recorded.

Once your license renewal is approved, the Board office purges your CEH records and destroys any hard copies of CEH information. The only permanent Board record of your continuing education activity is your listing of CEH activity on PAGE 2 of the license renewal application. Therefore, the completion of PAGE 2 of the application is very important.

Counselor Signature _____

Date: _____

+ **Mail your application to the Board at the above address, and keep a copy for your own files.**

+ **We will notify you ONLY if the Board does NOT approve your application.**

+ **Notice of Board approval of your application will be placed in your file.**

+ **You may request a summary of your Continuing Education Approvals by phone, letter or email.**

NDBCE BOARD USE ONLY

Approved for Continuing Education Yes No Hours Approved _____ Clinical _____

Date Recorded _____ By _____