

NORTH DAKOTA BOARD OF COUNSELOR EXAMINERS

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MANDAN, ND 58554

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**SPONSOR REQUEST FOR PRE-APPROVAL OF ON-SITE
DATE-SPECIFIC CONTINUING EDUCATION EVENT**

**** Please remit \$25.00 per approval requested****

CONTACT INFORMATION: Name: _____

Address _____, _____

Telephone Number: _____ E-mail address _____

EVENT INFORMATION:

Name of sponsoring Organization: _____

Name of Course/Workshop/Program _____

Location and Date(s) of event: _____

Name(s) of Presenter(s) _____

and Qualifications: _____

Please Fill Out Completely
Use additional sheets if needed

Brief description of content (including identification of core areas of counseling below):

Areas: 1. Counseling Theories/Practice, 2. Human Growth/Development, 3. Social/Cultural foundations, 4. Group Counseling, 5. Career Counseling, 6. Assessment, 7. Research/Eval, 8. Counseling Ethics and Professional Orientation, and 9. Other

OBJECTIVES: By the end of the course the participant will be able to:

1. _____

2. _____

3. _____

NUMBER OF CONTINUING EDUCATION HOURS (CEH'S) REQUESTED: _____

Enclose any documents, brochures, or other information that describes the course content and presenter credentials. **Any changes** in presenter or content from original material approved must be re-submitted.

OFFICE USE ONLY

Number of CEH's approved: _____ Number that are clinical: _____

Comments _____

Approved by: _____ Pd ck # _____ Date: _____