

NORTH DAKOTA BOARD OF COUNSELOR EXAMINERS
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SPONSOR REQUEST FOR PRE-APPROVAL OF CONTINUING EDUCATION EVENT

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: _____

Brief description of content: _____

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

Please enclose any documents, brochures, or other information that describes the course content. Send information to NDBCE.

OFFICE USE ONLY

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

Comments: _____

Approved by: _____ Date: _____