

NORTH DAKOTA BOARD OF COUNSELOR EXAMINERS
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**SPONSOR REQUEST FOR TWO-YEAR PRE-APPROVAL OF ONLINE
CONTINUOUS OFFERING CONTINUING EDUCATION COURSE**

**** Please remit \$100.00 per approval requested****

CONTACT INFORMATION:

Name: _____

Address _____

Telephone Number: _____ E-mail address _____

EVENT INFORMATION:

Name of sponsoring Organization: _____

Name of Course/Workshop/Program _____

Location: (website) _____

Name(s) of Presenter(s) and Qualifications: _____

Please Fill Out Completely

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 and presenter credentials. This approval is good for **two years**, however, **any changes** in the presenter or content from original material must be re-submitted for approval as the changes occur.

OFFICE USE ONLY

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

Comments: _____

Approved by: _____ Date: _____