

NORTH DAKOTA BOARD OF COUNSELOR EXAMINERS  
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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***

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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. **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: \_\_\_\_\_ Date: \_\_\_\_\_