

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**

**\*\* Currently there is no charge for approval request\*\***

**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:** \_\_\_\_\_

**OBJECTIVES OF THE COURSE and identify the core areas of counseling.**

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_

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  
9. Other.

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