

**NORTH DAKOTA BOARD OF COUNSELOR EXAMINERS**

2112 - 10<sup>th</sup> Avenue SE  
Mandan, North Dakota 58554  
(701)667-5969      ndbce@btinet.net

**Counselor Application for Approval of Continuing Education for Leadership**

**ND LPC/LPCC COUNSELOR INFORMATION**

Name: Form for ND Professional  
Counselors and ND Professional

Address: Clinical Counselors

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

\*LPC or LPCC License # \_\_\_\_\_

\* This form is intended for use by North Dakota Licensed Professional Counselors and Licensed Professional Clinical Counselors to submit CEH's to the NDBCE

**CONTINUING EDUCATION INFORMATION**

Board or organization:

Title or type of participation/leadership

Date(s):

CE Hours requested: (max. 15) \_\_\_\_\_

The NDBCE will consider accepting board participation or leadership in the counseling field for continuing education credits.

To apply for CE credits for board participation/leadership, the counselor must provide documentation or demonstrate how the board participation or leadership keeps the counselor current in the field. This documentation can include a detailed summary or minutes, as examples. The Board will consider this request on a case by case basis, and will grant no more than 15 continuing education hours per two year licensure period for board participation or leadership.

Attach documentation to this form and submit to the NDBCE.

Counselor Signature \_\_\_\_\_ Date: \_\_\_\_\_

- + **Mail your application to the Board at the above address, and keep a copy for your own files.**
- + **We will notify you ONLY if the Board does NOT approve your application.**
- + **Notice of Board approval of your application will be placed in your file.**
- + **You may request a summary of your Continuing Education Approvals by phone, letter or email.**

**NDBCE BOARD USE ONLY**

Approved for Continuing Education    Yes    No    Hours Approved \_\_\_\_\_ Clinical \_\_\_\_\_

Date Recorded \_\_\_\_\_ By \_\_\_\_\_