



NBCC Continuing Education Credit Verification

This form should be completed by the continuing education provider and given to the National Certified Counselor (NCC). This form can be used by NCCs who participated in a qualifying continuing education activity that did not provide a certificate of completion. This is an interactive form. Download it to your computer to complete.

**Upload this form to the Continuing Education section in your
Credentialing Gateway account at my.nbcc.org.**

NCC Name: _____ NCC Number: _____

Continuing Education (CE) Provider and Program Information

Name of CE Program: _____

Date: _____ Time: From _____ To _____

Location: _____ Clock Hours Awarded: _____

Name of CE Provider: _____

Provider's Address: _____ Provider's Telephone Number: _____

Provider's Email: _____ Provider's Website: _____

In addition to this form, the NCC must submit program information that includes course description, program learning objectives, and presenter qualifications to NBCC. The NCC must also include a copy of the program brochure or agenda.

Program Attendance Verification

Authorized Representative for the Provider

Name: _____ Title: _____

I attest that the above-named NCC attended this continuing education program for the hours specified above.

Signature of Authorized Representative

Date

NCC Attestation

I attest that the information provided on this form is complete and reflects my attendance at the above-named continuing education program.

Signature of NCC

Date