Dear Professional Colleague:

Thank you for your interest in becoming an NBCC-approved provider of continuing education activities. Enclosed is a packet that contains information about the NBCC recertification process, guidelines and policies for approved provider status, and an application.

Required attachments and the $700 non-refundable application fee. The application fee covers one type of continuing education program. There is an additional charge for each type of program offered. Please see page 2 of the application for the list of types of programs.

Submit payment and completed application together to:

NBCC, Continuing Education Department
P.O. Box 77698
Greensboro, NC 27417-7698

NBCC-approved provider status assures National Certified Counselors (NCCs) that the activities offered by an approved provider have undergone rigorous review and have been found to meet NBCC continuing education requirements. Currently, there are over 52,000 National Certified Counselors (NCCs) who are in need of fulfilling their requirement to complete at least 100 hours of approved continuing education within a five-year period. NBCC encourages NCCs to take advantage of the activities made available by approved providers.

Services offered to approved providers include a listing in the "Approved Provider List" and the opportunity to list activities in the "NBCC Continuing Education Calendar," both of which appear on our Web site and on the NBCC fax information line. In addition, approved providers may have free, reciprocal Web links and may purchase mailing labels for National Certified Counselors. Advertising space in the newsletter and on the Web site may be purchased. Please contact me if you have any questions or need assistance in completing your application to become an NBCC-approved provider.

Sincerely,

Anne B. Garland, MA, NCC, LPC
Continuing Education Coordinator

The National Board for Certified Counselors, Inc. (NBCC) values diversity. There are no barriers to certification on the basis of gender, race, creed, age, sexual orientation, or national origin.
GENERAL INFORMATION
FOR CONTINUING EDUCATION PROVIDERS

What is NBCC

The National Board for Certified Counselors, Inc., was initiated as a result of the American Counseling Association's (ACA's) professional concerns and efforts in the area of credentialing. After several years of investigation and survey of need, it was determined that the time had come for a national certification process for counselors. In 1982, the NBCC was incorporated as an independent, voluntary, not-for-profit system, to identify to professionals and the public those master's level counselors who have voluntarily sought and obtained certification, and to maintain a register of those counselors. This process grants recognition to counselors who have met predetermined NBCC standards in their training, experience and performance on the National Counselor Examination for Licensure and Certification (NCE). NBCC currently offers three specialty certifications in school counseling, clinical mental health counseling, and master addictions counseling. NBCC currently has over 52,000 national certified counselors in the United States and many foreign countries. In addition, all 50 states now use an NBCC exam as part of their licensure process.

In October 1985, NBCC became accredited by the National Commission for Certifying Agencies (NCCA). NCCA is an independent, non-governmental, national regulatory organization that monitors the credentialing processes of its member agencies. Accreditation by the commission represents the foremost organizational recognition in the field of national certification.

Continuing Education Requirements for National Certified Counselors (NCCs)

All NCCs wishing to recertify at the end of the five-year period must accrue 100 continuing education clock hours that meet NBCC guidelines. NCCs may request recertification credit for their direct participation as a learner in continuing education activities which are structured learning experiences. Examples of appropriate activities are college/university courses, seminars, workshops, conferences, and in-service programs. Credit can also be earned completion of home study programs that meet NBCC guidelines.

Approval of Continuing Education Providers

The NBCC-approved provider program invites appropriate sponsors to apply to become approved providers of continuing education activities. Sponsors may include, but are not limited to, colleges and universities, individuals, school systems, mental health agencies, private mental health organizations and professional organizations. Home study programs are covered under the application for approved provider status.

Sponsors that receive automatic approval to offer continuing education as NBCC-approved providers are ACA, ACA state branches and divisions, and regionally accredited universities which have counselor education programs.

Individuals who offer continuing education activities may also apply for approved provider status if the activities are separate from any job-related responsibilities.
Review of Applications

Applications for approved provider status may be submitted at any time. Notification of approval or denial will be sent four to six weeks after the receipt of a complete application. Organizations and individuals that do not meet all of the criteria for becoming approved providers should defer application until all such criteria are fulfilled.

Approval

Approved provider status is granted for a five-year period. During this time, ongoing monitoring of the provider's compliance with NBCC guidelines will be conducted. Upon notification of approval, the provider will receive a four-digit approved provider number which must appear on the certificates of attendance issued to counselors. In addition, the newly approved provider will receive a handbook detailing NBCC-Approved Provider Policies and Guidelines and forms for ordering mailing labels and for requesting that events be listed in the Continuing Education Calendar.

Denial

Applicants who do not meet the requirements will not be approved. Before a denial report is issued, the application will undergo a second staff review. A report will be issued explaining the decision. Applicants will be given 35 days from the postmark date of the notification of the denial to submit documented evidence to reverse the decision. Applicants will be notified of the results in a timely manner.

Complaints and Appeals

Written complaints will be investigated by NBCC. Concerns received by NBCC must be in writing. When appropriate, NBCC will notify the provider in writing of the complaint and request a response within 30 days. The identity of the complainant will not be revealed.

If the investigation proves that the provider has acted in a manner not consistent with the policies outlined in the application, NBCC will decide if the provider should be placed on probation or have approved provider status terminated. The complainant will be notified of the outcome in writing.
1. **Counseling Theory/Practice and the Helping Relationship:** Approved topics in the area include historic and well-established contemporary counseling theories, principles and techniques of counseling and their application to professional settings; information on the use of the current edition of the DSM; diagnosis and treatment of mental disorders; the mind-body connection and its applications in the counseling setting; psychopharmacology and the role and effect of psychotropic medications in mental health; burn-out prevention designed for helping professionals; counselor self-understanding designed for mental health professionals; crisis/disaster counseling; mediation or coaching training designed for mental health professionals.

2. **Human Growth and Development:** Approved topics in this area include the nature and needs of individuals at all developmental levels; normal and abnormal human behavior; personality theory; life-span theory; learning theory; and end-of life issues.

3. **Social and Cultural Foundations:** Approved topics in this area include societal changes and trends; human roles; societal subgroups; social mores and interaction patterns; multicultural and pluralistic trends; social or cultural issues affecting individuals, couples and families; differing lifestyles; major societal concerns, including violence, poverty, terrorism, stress, person abuse, substance abuse, religious/spiritual issues, and discrimination; and methods for alleviating such concerns.

4. **Group Dynamics, Processing and Counseling:** Approved topics in this area include group development, dynamics and counseling theories; group counseling leadership styles; basic and advanced group counseling methods and skills; other group counseling approaches; theories of family counseling; family dynamics and roles of family members; and addictions group counseling.

5. **Career Development and Counseling:** Approved topics in this area include career developmental theories; occupational and educational information sources and systems; career and leisure counseling, guidance and education; lifestyle, career and retirement decision-making; career development program planning, resources and effectiveness evaluation; worker behavior and adjustment; and workplace issues affecting worker performance and behavior.

6. **Assessment:** Approved topics in this area include group and individual educational and psychometric theories, and approaches to appraisal; data and information gathering methods; psychometric statistics; factors influencing appraisals; administering appraisal instruments and interpreting appraisal results in helping processes; and, legal issues affecting counselor rights to administer and interpret tests and inventories that assess psychopathology, abilities, interests, and career options.

7. **Research and Program Evaluation:** Approved topics in this area include types of academic and professional research; basic statistics; research-report development; research implementation; counseling program evaluation; needs assessment in the counseling setting; publication of counseling research information; and, ethical and legal considerations in counseling research.

8. **Counselor Professional Identity and Practice Issues:** Approved topics in this area include philosophic bases of helping processes; professional roles and functions; professional goals and objectives; professional organizations and associations; professional history and trends; ethical and legal standards; professional preparation standards; professional credentialing in mental health; federal and state laws and regulations affecting counselors; practice management issues for mental health professionals; the counselor as professional consultant; administration and management of counseling programs; clinical supervision of mental health professionals.

9. **Multiple Sessions/Conferences:** Includes total clock hours earned through multiple sessions which earned several NBCC-approved content areas. Examples (under this content area) would include ACA National Conferences and a series of in-service sessions covering many topics.
Requirements for NBCC Continuing Education Approval

1. All program topics must directly relate to one of the 10 approved continuing education content areas.

2. Programs focused on practice building and managed care must include sections on how these issues may impact ethical practice and suggestions for dealing with these concerns.

3. Programs focusing on ethics in mental health practice must include information on the ethical codes of NBCC and/or ACA.

4. Programs must be geared toward the master's level mental health practitioner. Self-help programs (live or home study) that are designed for the general public and that do not have a significant component for counselors as to how to utilize the program information in the counseling setting will not qualify for approval.

5. NBCC requires providers to submit three sample programs for review. Home study programs, including online programs, will come under the approved status of the provider. There must be at least one sample of each type of home study program offered by the provider. If the provider offers only one type, then you should send three samples of that one type. Home study program types are:
   a. Traditional home study (book, audio or visual tape plus a quiz);
   b. Subscription home study (professional periodicals plus a quiz); and
   c. Online home study. Please see the separate requirements sheet for home study programs.

6. Providers applying for programs based on new or alternative psychotherapeutic theories or methods must submit documentation of current or past research supporting the efficacy of the theory or method. If such research is not available, the provider must show evidence of acceptance by the professional mental health community such as publication in professional literature.

7. Qualified instructional staff or authors of home study materials must have training and experience enabling the individual to be considered an expert in the subject matter being taught. Activities focused on skills to be used in the counseling relationship must be led by at least one master's level mental health professional.
Special Requirements for NBCC Home Study Program Approval

Required Components for All Home Study Programs

- a learning instrument (examples include: book, tape, internet-based text, video, subscription to professional periodical, volumes of past periodicals)
- an assessment instrument (quiz, test, essay) to test exposure to the material
- an evaluation instrument (for assessing user satisfaction)
- an instruction sheet or page with clear information regarding how to obtain continuing education credit

Age of Materials

Program materials should not be more than six years old. If materials are more than six years old, application must include a statement for review regarding the reason that the material is still relevant and valuable to mental health professionals.

Quality of Program Materials

If the program has an audio component, the sound quality must be sufficient to be heard by the average tape player or computer. Programs based on audio or video taped workshops must include all handouts and copies of overhead slides used in the live program. Programs that are self-published/produced must have professional quality print and appearance.

Web-Based Programs

Internet/Web programs allowing electronic payment must utilize standard encryption programs to protect the buyer. Providers of these programs must also make provision to mail certificates of attendance to any buyer who does not have access to a printer.

What to Send to NBCC

The provider must submit one complete sample of each type of home study program that you wish to have included under your approval. Please do not send rough drafts. NBCC must see the finished product. For online programs, URLs and access code words are required so that the entire program and quiz may be reviewed.
APPLICATION FOR APPROVED CONTINUING EDUCATION PROVIDER STATUS

Instructions: Please complete application. If additional space is needed, use additional sheets properly marked with the corresponding section of the application.

Name of Organization/Individual: ____________________________________________________________

Name of Continuing Education Director (unless otherwise designated, this individual will serve as the NBCC contact):

_______________________________________________________________________________________

Address: ___________________________________________ Telephone: ____________________________

_______________________________________________________________________________________ Fax: ____________________________

E-Mail: ___________________________________________ Web Page: ________________________________

Director of Organization (if different from above): _____________________________________________

Application Checklist: Please label your attachments clearly. Print or type all attachment forms.

☐ $700 non-refundable application fee.
☐ PLEASE SEND PAYMENT WITH APPLICATION. DO NOT SEND SEPARATELY.
☐ Vita of individual in charge of the agency’s continuing education program
☐ Program forms and brochures/announcements for a minimum of three Program Sample Forms (Attachment A)
☐ Program forms and brochures/announcements for three pending programs (Attachment B)
☐ Profile sheets for presenters/authors of six programs (Attachment C)
☐ Content Area Checksheet (Attachment D)
☐ Evaluation summaries completed by participants of three previously offered programs

I certify that the information provided herein is accurate. I agree to abide by the NBCC Code of Ethics and the current NBCC Continuing Education Policies and Procedures in regard to the offering of activities and to the requirements set forth in this application packet.

_________________________________________  ________________________________
Signature                                      Date

FOR OFFICE USE ONLY
REF.#1: _______________________________
BATCH #1: ________
DATE: ________________
AMOUNT: ____________
A. GOALS AND OBJECTIVES

1. Please check the types of program(s) for which you are applying for:
   - Live programs: workshops, seminars, conferences.
   - Home Study Type(s):
     - Traditional home study (book, tape or CD Rom and quiz)
     - Subscription to professional journal/periodical
     - Online (Web based)

2. Briefly state the specific goals of your continuing education program for counselors and how these relate to the overall goals of your organization.

3. Describe the target audience (educational level and profession) to which you direct your continuing education activities. If you have not before included counselors in your target audience, please state reasons for adding counselors at this time.

4. Check any professional certification or licensure bodies by which your organization is currently approved to offer continuing education activities.
   - Commission for Rehabilitation Counselor Certification
   - American Psychological Association
   - State Licensure Board (specify the state)
   - American Medical Association
   - Others (please list) ____________________________

5. When did your agency begin offering continuing education activities to counselors? ________ (mm/yyyy)
   Note: Providers of live programs must have offered at least three programs prior to application.

6. What is the average number of continuing education activities that you offer per calendar year? ________
   - How many are primarily for mental health professionals? ________
   - What is the approximate number of participants per year? ________
B. ADMINISTRATION

1. Provide the name and title of the individual who is responsible for the management of the continuing education program. Attach a current vita for this individual.

_____________________________________________________________________________________

2. If this individual does not have a background in the broad field of mental health, who oversees the content of your continuing education programs?

_____________________________________________________________________________________

C. FACILITIES (for live programs only)

1. Describe the facilities in which your organization conducts its continuing education activities.

_____________________________________________________________________________________

2. What accommodations have been made for program participants who have physical disabilities, hearing impairments and/or other impairments?
D. PROGRAM CONTENT

1. Attached are Program Sample Forms A and B:

For *live* program approval: Make three copies of each form. Fill them out so that you will submit three A's for three previously offered programs, and three B's for three upcoming programs you will present.

For *home study* program approval: Use Attachment A only to submit one sample of each type of home study for which you are applying. Example: if all of your programs are traditional you should send one Attachment A form and one of your traditional programs.

Please see the Program Sample Form to determine what to send with the form.

2. Describe your procedures for assessing the continuing education needs of the target audience.

3. Complete the **Content Areas of Activities** checksheet (Attachment D).

E. INSTRUCTIONAL STAFF

1. How do you select instructors/authors for your continuing education programs?

2. How do you verify the competence of the individuals who have been selected to present/author continuing education programs?

3. Submit a Profile Sheet (Attachment C) for the presenters of each activity for which you submitted a Program Form (total of six, unless an individual presented more than one activity being submitted for review).

4. For providers of home study programs, please identify and explain the qualifications of the person who develops the quizzes for your programs.
F. EVALUATION

1. Describe the method by which program evaluations are obtained from participants.

2. Explain how your organization utilizes these evaluations for future planning.

3. Submit a sample evaluation form and a summary of evaluations which have been completed by participants for the three previously offered programs for which you completed Attachment A forms. You may use three blank evaluation forms on which you may write the total numbers. If you are applying for home study or online approval only and your programs are new, this item is waived.

G. AWARDED CONTACT HOURS

1. How do you verify an individual's participation and completion of an activity?

2. Indicate the type of documentation you give to the participants upon completion of an activity and the information which this documentation contains (you may enclose a sample). For home study or online programs, how is the certificate of completion sent to the counselor?

3. Do you agree to maintain rosters of participants for a period of five years following the date of the activity? □ YES □ NO
H. ETHICS

1. Will you be responsible for ensuring that the continuing education program offered by your organization for NBCC-approved hours adheres to the NBCC *Code of Ethics* provided with this application.

   □ YES       □ NO (if no, please explain)

2. Describe your cancellation/refund policy.

3. If a program participant is dissatisfied with any aspect of a program, what grievance procedures do you follow for the airing of such a grievance?

4. The following items must be included in promotional material. Please check which items are currently included:

   □ educational objectives  
   □ target audience  
   □ schedule and format  
   □ fee  
   □ cancellation/refund policy  
   □ credentials of instructor(s)  
   □ number of contact hours for home study and online:  
   □ set of instructions for completing the program and earning the hours

   If you are not currently including all of the above items, do you agree to do so once you are granted NBCC approval? □ YES □ NO

5. Describe the provisions which are made to ensure the privacy of confidential material which is presented.
## Attachment A

### PROGRAM/EVENT SAMPLE FORM

<table>
<thead>
<tr>
<th>Title of Program</th>
<th>Date It Was Offered/Created</th>
<th>Instructor/Presenter/Author</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Type of Program</th>
<th>What to Send</th>
</tr>
</thead>
<tbody>
<tr>
<td>Live program (workshop, seminar, conference)</td>
<td>Brochures and other promotional materials</td>
</tr>
<tr>
<td>(three samples required)</td>
<td>One complete copy of the program</td>
</tr>
<tr>
<td>Traditional home study (book, tape and quiz)</td>
<td>One year's worth of periodicals and sample quiz</td>
</tr>
<tr>
<td>(only one sample required)</td>
<td>Complete URL and password to allow for access to program and quiz</td>
</tr>
<tr>
<td>Subscription home study to professional journal/magazine</td>
<td></td>
</tr>
<tr>
<td>(only one sample required)</td>
<td></td>
</tr>
<tr>
<td>Online home study (only one sample required)</td>
<td></td>
</tr>
</tbody>
</table>

| Target Audience | Number of Participants (for live programs only) | Estimated Number of Participants Who Were Counselors (for live programs only) |

| Number of Hours of Credit Offered | Brief Outline of Content: |

| Learning Objectives: | Evaluation Procedures: |
PENDING PROGRAM/EVENT FORM

Title of program

Date program will be offered/created

Instructor/presenter/author

Target Audience

Estimated Number of Participants (for live programs only)

Estimated Number of Participants Who Are Counselors (for live programs only)

Number of Hours of Credit Offered

Brief Outline of Content:

Learning Objectives:

Evaluation Procedures:

Type of Program

What to Send

_____ Live program (workshop, seminar, conference)  ____  Brochures and other promotional materials

_____ Traditional home study (book, tape and quiz)  ____  One complete copy of the program

_____ Subscription home study to professional journal/magazine  ____  One year's worth of periodicals and sample quiz

_____ Online home study  ____  Complete URL and password to allow for access to program and quiz
PROFILE SHEET OF TRAINER/AUTHOR/FACULTY MEMBER

A. Name ____________________________________________________________

B. Current Employment ________________________________________________
   Title ____________________________________________________________
   Place of Employment ________________________________________________
   Address __________________________________________________________
   Date of Initial Employment __________________________________________

C. Educational Background

   Undergraduate Degree  ________________  Major  ________________  Year  _____
   University _________________________________________________________

   Graduate Degree  ________________  Major  ________________  Year  _____
   University _________________________________________________________

   Graduate Degree  ________________  Major  ________________  Year  _____
   University _________________________________________________________

D. Special training relevant to topic area(s) presented:
   _________________________________________________________________
   _________________________________________________________________

E. Licenses and certifications held:
   _________________________________________________________________
(If the trainer is a professional counselor and is not certified by NBCC or licensed by a state as a LPC, please use
the back of this sheet to justify the trainer's expertise.)

F. Other pertinent information relating to individual's background as it relates to provision of continuing education activities.
   _________________________________________________________________
   _________________________________________________________________

NOTE: PLEASE DUPLICATE THIS FORM AS NEEDED
## CONTENT AREAS OF ACTIVITIES

Below is a list of the 10 NBCC-approved content areas. Definitions are provided on page three of the General Information Section I (c). List the last two year's program titles under the appropriate area.

<table>
<thead>
<tr>
<th>Content Area</th>
<th>Title of Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Counseling Theory</td>
<td></td>
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<tr>
<td>2. Human Growth and Development</td>
<td></td>
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<tr>
<td>3. Social and Cultural Foundations</td>
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<td>4. The Helping Relationship</td>
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<td>5. Group Dynamics, Processing and Counseling</td>
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<tr>
<td>6. Lifestyles and Career Development</td>
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<tr>
<td>7. Appraisal of Individuals</td>
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<tr>
<td>8. Research and Evaluation</td>
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<tr>
<td>9. Professional Orientation</td>
<td></td>
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<tr>
<td>10. Multiple Sessions/Conferences</td>
<td></td>
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</tbody>
</table>
SPECIAL INFORMATION FOR INDIVIDUALS APPLYING FOR
APPROVED PROVIDER STATUS
(Organizations applying for approval should NOT complete these items)

Complete the attached application, making the following changes:

1. Complete a Profile Sheet of Trainer/Faculty Member (Attachment C). Also attach your own vita where it asks for the vita of the individual in charge of the Continuing Education Program.

2. Instead of summaries of evaluations of three previously offered programs, you may substitute three Reference Evaluation Forms (Attachment E), which have been completed by individuals from organizations who have employed you to make a continuing education presentation for them and have witnessed this presentation. Once the reference evaluation forms have been completed and returned to you, please submit them, unopened, with your application.

3. You must have offered three previous programs as an independent provider (not as an invited speaker). Courses, workshops, and activities which you have presented as part of your employment responsibilities in affiliation with a larger organization (i.e., university, mental health center) or as a speaker invited by another organization do not meet the application requirements of a previously offered program.
REFERENCE EVALUATION FORM FOR INDIVIDUAL APPLICANTS
(This form is to be completed ONLY BY INDIVIDUALS applying for approved provider status)

Applicant's Name ________________________________________________

The person named above has applied to the National Board for Certified Counselors to become an approved provider of continuing education activities. Your assessment of the applicant's characteristics will enable the board to evaluate whether the applicant meets its standards. (Question 1 applies to reference.)

1. Reference's Name ________________________________________________
   Profession and Degree ____________________________________________
   Business Address ________________________________________________
   Position Title ____________________________________________________
   Place of Employment _____________________________________________
   Type of Organization _____________________________________________
   Telephone _______________________________________________________

2. Please rate the applicant compared to other individuals who have made educational presentations to the members of your organization itself. Please rate the applicant in each area listed below, using the following scale:

   1=Poor    2=Below Average    3=Average    4=Above Average    5=Excellent

   • Individual's knowledge and expertise
   • Ability to present up-to-date information
   • Ability to present material in a clear and orderly fashion
   • Ability to gear material to a level appropriate to audience
   • Ability to respond to questions/needs of audience
   • Ability to maintain interest level of audience
   • Ethical conduct
   • Ability to handle business affairs in a professional manner
3. Would you contract with this individual to present future programs to your organization/staff members?
   yes ____________ no ________________ (if no, please explain)

4. Recommendation: I recommend this applicant for approval as an NBCC provider of continuing education activities.
   yes ____________ no ________________ (if no, please explain)

5. Additional Comments

6. The above information is based upon my best judgment. I am willing to answer additional questions concerning this evaluation if the NBCC Board of Directors deems it necessary.

______________________________  _______________________
Signature of Reference              Date

AFTER COMPLETING THIS REFERENCE FORM, PLEASE ENCLOSE IT IN A SEALED ENVELOPE, SIGN THE SEALED FLAP, AND RETURN IT TO THE APPLICANT.
NBCC Credit Card Payment for Approved Continuing Education Provider (ACEP) Status Application

TO: NBCC
   Accounting Dept.
   P.O. Box 77698
   Greensboro, NC 27417-7698
   Fax: 336-547-0017

   E-mail: continuinged@nbcc.org

FROM: Organization: __________________________________________________________

   Contact Person: __________________________________________________________

Please charge the credit card listed below in the amount of: $ ________________

Card Type:  □ VISA  □ MasterCard  □ American Express

Name on Card: ______________________________________________________________

Card Number: ___________ ___________ ___________ ___________ ___________ ___________
   Exp. Date: ___________ ___________

   Verification Code Numbers (from back of card): ___________ ___________ ___________ ___________

Cardholder’s Signature: __________________________________________________ ___
   Date: ____________

Daytime Telephone: ___________________________       Evening Telephone: ___________________________