



Continuing Education Verification Request

(No charge for active NCCs)

Name of Licensee	NCC# (If applicable)	Date of Request
Address		
E-mail Address	Daytime Telephone	

Name of Program: _____

Name of Sponsoring Organization: _____

Date of Program: _____

Required Documentation:

- Certificate of completion
- Program brochure/outline (Including learning objectives)
- Presenters' credentials
- Program agenda (Including breaks)

Additional Information:

Submit this form with appropriate, descriptive documentation and **\$30 for each activity** in order to receive written verification that the continuing education activity does or does not meet NBCC continuing education requirements. You may copy this page as needed for multiple submissions. Incomplete submissions will delay processing. ***There is no charge for active NCCs.***

NBCC makes no claim that your licensure board will accept hours determined to meet NBCC requirements.

