

CONTINUING EDUCATION CREDIT APPROVAL FORM

LPCA is the **ONLY** Association to Offer this Service to its Member

This form is for LPCA members who plan to attend (Pre-Approval) or who have attended (Post-Approval) a mental health counseling training program/workshop. See Members only CE guidelines for additional information. Hours approved will be CORE /ETHICS/Supervision hours. EMAIL or FAX THIS FORM.

Date: (mm/dd/year)

Name:

Email:

Phone:

Address, City, State, Zip:

____ Ten (10) applications per calendar year no charge, after 10th application include payment of \$35.

PRE-APPROVAL: You must submit the following with this application prior to the workshop:

____ Outline of workshop (must include description of content, schedule, and presenter) and

____ Brochure or Flyer - no later than **two weeks before** the workshop.

I request

____ **Core or**

____ **Ethics or**

____ **Supervision hours (for credentialing)**

____ Number of Hours requested

____ Title of Workshop:

____ Date(s) of workshop:

____ After you attend the workshop **submit proof of attendance** with number of CE hours.

Email proof to LPCACE@mindspring.com

POST APPROVAL: after the event - submit **\$35.00 processing fee** and the following:

____ Outline of Event (must include description of content and specific schedule)

____ Presenter's Qualifications (i.e., brochure/flyer or vita)

____ Proof of Attendance with Number of CE Hours.

____ Payment of Processing fee-paid online or via phone

E Mail completed form with required attachments to: (must include your email address to receive the CE Certificate

Or Mail to:

Phone: LPCA office 404-370-0200

LPCA CE Chairman

Fax: 404-370-0006

3091 Governors Lake Dr NW Ste 570

Email: LPCAcontinuingeducation@gmail.com

Norcross, GA 30071

For Office Use Only

Date received _____ Date responded _____

LPCA Approval Number: _____ # Hours approved _____ for: Core ____ Ethics ____ Supervision ____

Denied ____ Reason: _____

Signature: _____

Updated 2014-04-15