

CE Application Form



3091 Governors Lake Dr NE, STE 570, Norcross, GA 30071
 Phone 770-449-4547 FAX 404-370-0006
LPCAContinuingEducation@gmail.com

Date: _____
 Company/Provider Name: _____
 Person to contact regarding this application: _____
 Phone: _____ E-mail: _____
 Address: _____

Event Type Application fee, non-refundable

✓	In-Person Workshop	✓	Online Workshop
<input type="checkbox"/>	\$50 Single workshop – One presentation	<input type="checkbox"/>	\$175 Electronically Delivered – online (must meet national standards)
<input type="checkbox"/>	\$100 Same workshop / Same content –Multiple Dates	<input type="checkbox"/>	\$75 “Webinar” Interactive One time presentation
<input type="checkbox"/>	\$200 Series workshops – Includes Certification Programs	<input type="checkbox"/>	\$150 Same Webinar / same content – multiple dates
<input type="checkbox"/>	\$250 Series workshops offered multiple times	<input type="checkbox"/>	\$275 Series Webinar – Includes Certification Programs
<input type="checkbox"/>	\$100 Convention / Conferences	<input type="checkbox"/>	\$350 Series Webinar offered multiple times
<input type="checkbox"/>	\$25 Lunch “n” Learns (non-profit org) – Free to All Attendees	<input checked="" type="checkbox"/>	Late Fee
<input type="checkbox"/>	\$50 Lunch “n” Learns (for profit organizations)	<input type="checkbox"/>	\$15 Application submitted after 3 week deadline

Workshop Information

Program Title: _____
 Date(s) of CE Event: _____
 Presenter(s) Name: _____
 Address of Workshop Site(s): _____
 For Multi-Date and Sites (Matching Date with Location): _____
 Event Time: _____
 Registration Fee: \$ _____

✓	CE Type, may check more than one	Advertising Requested
<input type="checkbox"/>	#of Hours _____ Core	___ YES or ___ NO
<input type="checkbox"/>	#of Hours _____ Ethics	Fee: \$45 Non LPCA members
<input type="checkbox"/>	# of Hours _____ Telemental Health	Fee: \$25 LPCA Member:
<input type="checkbox"/>	# of Hours _____ Supervision	First/Last: _____

Registration

Contact Person: _____
 Phone: _____
 Email: _____
 Website Link for Registration or Event info: _____

Payment (please attach copy of payment to application)	Advertising (Website & Newsletter)	
<p>Amount Paid: \$ _____</p> <p><input type="checkbox"/> Check #: _____ (Payable to LPCA)</p> <p><input type="checkbox"/> Online Order #: _____</p> <p><input type="checkbox"/> Advertising Fee included if applicable</p> <p><input type="checkbox"/> Purchase Order</p> <p><input type="checkbox"/> Invoice needed</p>	<p><input type="checkbox"/> \$45</p> <p><input type="checkbox"/> \$25</p>	<p>Non-Member:</p> <p>LPCA Member Name:</p>

Continuing Education Information
<p>Three Objective: How will this benefit the psychotherapist and client?</p> <p>1.</p> <p>2.</p> <p>3.</p>
<p>Program Description: (limit 500 words) Events such as conference, the agenda/brochure maybe attached:</p>
<p>A Bio (limit 750 words) which list how the presenter is qualified to present/teach this CE event:</p>
<p>Detailed Agenda (include instructional hours, breaks, and lunch with start/end times,(i.e. 9:00 am-9:30 am):</p>

✓	Provide the Following Required Documents
<input type="checkbox"/>	Completed CE Application
<input type="checkbox"/>	Curriculum Vitae of each Presenter, No More than 4 pages.
<input type="checkbox"/>	Detailed Agenda (w/ breaks/ etc.)
<input type="checkbox"/>	CE Application Proof of Payment

✓	Statement of Understanding
<input type="checkbox"/>	Certificate or letter of attendance by sponsoring agency to those who completed all the contact hours
<input type="checkbox"/>	Email a copy of Attendee List to LPCA within 2 weeks of the Event
<input type="checkbox"/>	You, as the provider, will keep copies of completed evaluations on file for at least three (3) years. Copies of evaluations must be made available to LPCA upon request.
<input type="checkbox"/>	CE Application proof of payment (attached copy of receipt)