



OKLAHOMA DIVISION OF STUDENT ASSISTANCE

"...to promote the development, improvement and extension of educational opportunities for youth."

Conference Dates: _____

Location: _____

CONTINUING EDUCATION (C.E.) DOCUMENTATION FORM

NAME OF NCC/LPC: _____

ADDRESS: _____

Street

City

State

Zip

LPC LICENSE NUMBER: _____ EXPIRATION DATE _____

NCC CERTIFICATE NUMBER: _____ EXPIRATION DATE _____

Date	Time	Program Title	Presenter	Contact Hours
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TOTAL CONTACT HOURS: _____

I certify that the information presented on this form is complete and accurate.

Signature of LPC or NCC

Date

Credit can only be granted for your participation in content sessions that will enhance your skills and knowledge as a counselor. Only request credit for sessions which you attend in their entirety. Credit cannot be granted for business/governance meetings, breaks, or social activities including meal functions except for actual time of a content speaker.

**Note to NCC's: This documentation should be registered in your NBCC-supplied education folder.

A maximum of _____ hours can be earned by participation in the activity(ies) offered at the conference.

Authorized by: _____ SWASAP PRESIDENT

NBCC Provider Name/No: _____ SOUTHWEST ASSOCIATION OF STUDENT ASSISTANCE PROGRAMS #05339

State Affiliates: _____ Arkansas, Louisiana, New Mexico, Oklahoma, Texas

Phone Number of contact for verification of hours: _____