



CALIFORNIA REGISTRY
of PROFESSIONAL COUNSELORS and PARAPROFESSIONALS

P. O. Box 15700, Long Beach, CA 90815 (714) 284-8857
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CONTINUING EDUCATION VERIFICATION

Registry members may make copies of this form and use them to verify continuing education hours necessary for recertification, when the provider does not have its own certifying document or certificate. This form should not be used for documenting credits for NBCC purposes.

Instructions:

1. Complete this form and have it signed by the provider of the educational event.
2. Retain this form in your recertification file and submit it at the time of your five-year renewal.

SECTION I. (to be completed by the Registry member)

PLEASE TYPE OR PRINT USING BLACK INK

Name _____ Registry Number _____

Title of Conference/Educational Event _____

Date(s) _____ Location _____

For conferences list each session in which you participated in order of attendance:

Date	Time	Program Title	Speaker	Contact Hours

Total Contact Hours _____

Credit can only be granted for your participation in content sessions that will enhance your skills and knowledge as a counselor/career paraprofessional. 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.

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

Signature of Registry member

Date

See reverse side for Section II.

SECTION II. (to be completed by the provider)

I certify that the above named person has completed _____ continuing education hours.

Signature of provider

Date

Name: _____ Position/Title: _____

Profession: _____ Professional Certification or License: _____

Organization: _____

Address: _____

Phone: _____