

**ATTACHMENT B - APPLICATION FOR CONTINUING EDUCATION CO-SPONSORSHIP
WITH THE NORTH CAROLINA PSYCHOLOGICAL ASSOCIATION**

Please email to: carol@ncpsychology.org

1. Organization or Individual _____
2. Address _____
- City _____ State _____ Zip _____
- Phone _____ E-Mail _____
- Contact Person _____

3. Name of NCPA Member who will be a part of the planning process: (please print)

(NCPA requires that at least one NCPA member be an integral part of planning this continuing education activity, sign this application, and assure adherence to NCPA policies on continuing education.)

4. Date(s) of the Activity _____
5. Location(s) _____
6. Status of Group: _____ Not-for-Profit* _____ For-Profit _____ Governmental
*Copy of IRS tax letter must accompany application to be recognized as a not-for-profit organization.
7. Title of Program(s) _____
If only one offering, give that title; if more than one give overall conference title then individual presentation titles in #8.

8. PROGRAM CONTENT – FOR EACH PRESENTATION, PLEASE PROVIDE THE FOLLOWING:

- a. Title of each presentation
- b. The narrative description of the program –see Attachment C for examples (if there is more than one presentation, a narrative is needed for each presentation)
- c. The learning objectives for the presentation – with 2-3 for three hours, 3-4 for four hours, 5-6 for six hours (see Attachment C)
- d. The name of each presenter, including degree, discipline, current professional information and any other information that will be in your promotional material (See Attachment C)
- e. If a program is intended to meet ethics credit, please indicate this on information you are submitting
- f. For each program indicate learning level: Basic, Intermediate or Advanced (see Attachment XX)
- g. The number of credits to be awarded for each session. (1 credit per hour)
- h. A minimum of 3 – 4 references that relate to the subject of the workshop

9. Number of CE Hours applying for (list each workshop if separate CE offered: _____)

10. _____
Signature of NCPA Member Accepting Responsibility for Compliance with the requirements of the NCPA CE Manual Date

12. _____
Signature of Contact Person for Applicant Who Agrees to Comply with the Requirements of the NCPA CE Manual Date

Submit to: NCPA, Attention: Carol Kulwicki - 1004 Dresser Ct, Suite #106 Raleigh, NC 27609 fax: 919/872-0805
phone: 919/872-1005 email: carol@ncpsychology.org