



Program Information Form For Live Event Delivery Format

Title of Program: _____

Date Offered: _____

Presenter(s): _____
Submit a Presenter Qualification Form for each presenter and identify who presented what subject matter.

This program is designed for: _____

Number of Participants	Estimated Number of Participants Who Were Graduate-Level Counselors	Number of Hours of Credit Offered

Program Content Description:

Learning Objectives:

- 1.
- 2.
- 3.
- 4.



Presenter Qualification Form

In order for a provider to offer NBCC continuing education credit for a program, the subject matter must be directly related to an NBCC content area and the presenter/author must qualify as a presenter for the subject matter presented, as required by the [NBCC Continuing Education Provider Policy](#).

Presenter Name: _____

Title of Program or Session/Workshop: _____

NBCC content area(s) to which the subject matter of this program is directly related (policy section G):

Select the presenter category appropriate for this individual:

Category 1 Presenter

Category 2 Presenter

Category 3 Presenter

Education

	Degree	Major or Field of Study	Institution	Year
Master's				
Doctorate				
Other				

Describe relevant experience and/or training related to topic presented/authored.

Professional Licenses or Certifications:

A curriculum vitae, résumé or other documentation to verify education, experience and training must be attached to this form for each presenter.