

 3 Terrace Way
 TEL: +1.336.547.0607

 Greensboro, North Carolina
 FAX: +1.336.547.0017

 27403-3660 USA
 www.nbcc.org

Continuing Education Verification Request

(No charge for active NCCs)

Name of Licensee	NCC# (If applicable)	Date of Request
Address		
E-mail Address		Daytime Telephone
Name of Program:		
Name of Sponsoring Org	ganization:	
Date of Program:		
Required Documentation	1:	
□ Certificate of cor	-	
-	e/outline (Including learning objective	es)
□ Presenters' crede		
Program agenda	(Including breaks)	

Additional Information:

Submit this form with appropriate, descriptive documentation and \$30 for each activity in order to receive written verification that the continuing education activity does or does not meet NBCC continuing education requirements. You may copy this page as needed for multiple submissions. Incomplete submissions will delay processing. There is no charge for active NCCs.

NBCC makes no claim that your licensure board will accept hours determined to meet NBCC requirements.



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Payment Information Continuing Education Verification Request

Enclosed is a	check or money	order–payable to NBCC	Cin the amount of \$	
Please charge	the credit card l	isted below in the amou	nt of \$	
Card Type:	Visa	Master Card	American Express	
Name on Card:				
Card Number:				
Expiration Date:		Verification Code (from	n back of card):	
Cardholder Signat	ure:		Date:	
Send form and fee payment to: Recertification Department NBCC P.O. Box 63160 Charlotte, NC 28263-3160			If no fees are due, send form to: Recertification Department NBCC 3 Terrace Way Greensboro, NC 27403-3660	
For Office Use C	only			
Date		Check #	Amount	