

nbcc



NATIONAL BOARD FOR
CERTIFIED COUNSELORS™

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Dear Professional Colleague:

Thank you for your interest in becoming an NBCC approved provider of continuing education activities. Enclosed is a packet that contains information about the NBCC recertification process, guidelines and policies for approved provider status, and an application.

Required attachments, the \$300.00 non-refundable application fee and the \$200.00 first year maintenance fee must accompany the application form to complete the review process. The \$200.00 first year maintenance fee will be refunded if the application is not approved. The application fee covers *one type* of continuing education program. ***There is an additional charge for each type of program offered.*** Please see page 2 of the application for the list of *types of programs*.

Submit payment and completed application together to:

**NBCC, Recertification Department
PO Box 77698
Greensboro, NC 27417-7698**

NBCC approved provider status assures National Certified Counselors (NCCs) that the activities offered by an approved provider have undergone rigorous review and have been found to meet NBCC continuing education requirements. Currently, there are over 43,000 National Certified Counselors (NCCs) who are in need of fulfilling their requirement to complete at least 100 hours of approved continuing education within a five-year period. NBCC encourages NCCs to take advantage of the activities made available by approved providers.

Services offered to approved providers include a listing in the "Approved Provider List" and the opportunity to list activities in the "NBCC Continuing Education Calendar", both of which appear on our Web site and on the NBCC Fax Information Line. In addition, approved providers may have free, reciprocal Web links and may purchase mailing labels for National Certified Counselors. Advertising space in the newsletter and on the Web site may be purchased. Please contact me if you have any questions or need assistance in completing your application to become an NBCC approved provider.

Sincerely,

Pamela S. Leary, NCC, LPC
Continuing Education Administrator

The National Board for Certified Counselors, Inc. (NBCC) values diversity. There are no barriers to certification on the basis of gender, race, creed, age, sexual orientation, or national origin.

GENERAL INFORMATION FOR CONTINUING EDUCATION PROVIDERS

What is NBCC

The National Board for Certified Counselors, Inc., was initiated as a result of the American Counseling Association's professional concerns and efforts in the area of credentialing. After several years of investigation and survey of need, it was determined that the time had come for a national certification process for counselors. In 1982, the NBCC was incorporated as an independent, voluntary, not-for-profit system, to identify to professionals and the public those master's level counselors who have voluntarily sought and obtained certification, and to maintain a register of those counselors. This process grants recognition to counselors who have met predetermined NBCC standards in their training, experience and performance on the National Counselor Examination for Licensure and Certification (NCE). NBCC currently offers three specialty certifications in School, Clinical Mental Health Counseling, and Master Addictions Counseling. NBCC currently has over 43,000 national certified counselors in the United States and many foreign countries. In addition, 49 states now use an NBCC exam as part of their licensure process.

In October 1985, NBCC became accredited by the National Commission for Certifying Agencies (NCCA). NCCA is an independent, non-governmental, national regulatory organization that monitors the credentialing processes of its member agencies. Accreditation by the commission represents the foremost organizational recognition in the field of national certification.

Continuing Education Requirements for National Certified Counselors (NCCs)

All NCCs wishing to recertify at the end of the five-year period must accrue 100 continuing education clock hours that meet NBCC guidelines. NCCs may request recertification credit for their direct participation as a learner in continuing education activities which are structured learning experiences. Examples of appropriate activities are college/university courses, seminars, workshops, conferences, and in-service programs. Credit can also be earned completion of home study programs that meet NBCC guidelines.

Approval of Continuing Education Providers

The NBCC approved provider program invites appropriate sponsors to apply to become approved providers of continuing education activities. Sponsors may include, but are not limited to, colleges and universities, individuals, school systems, mental health agencies, private mental health organizations and professional organizations. Home study programs are covered under the application for approved provider status.

Sponsors that receive automatic approval to offer continuing education as NBCC approved providers are: The American Counseling Association (ACA), ACA state branches and divisions, and regionally accredited universities which have counselor education programs.

Individuals who offer continuing education activities may also apply for approved provider status if the activities are separate from any job-related responsibilities.

Review of Applications

Applications for approved provider status may be submitted at any time. Notification of approval or denial will be sent 4-6 weeks after the receipt of a complete application. Organizations and individuals that do not meet all of the criteria for becoming approved providers should defer application until all such criteria are fulfilled.

Approval

Approved provider status is granted for a five-year period. During this time, ongoing monitoring of the provider's compliance with NBCC guidelines will be conducted. Upon notification of approval, the provider will receive a four-digit approved provider number which must appear on the certificates of attendance issued to counselors. In addition, the newly approved provider will receive a handbook detailing NBCC Approved Provider Policies and Guidelines and forms for ordering mailing labels and for requesting that events be listed in the Continuing Education Calendar.

Denial

Applicants who do not meet the requirements will not be approved. Before a denial report is issued, the application will undergo a second staff review. A report will be issued explaining the decision. Applicants will be given 35 days from the postmark date of the notification of the denial to submit documented evidence to reverse the decision. Applicants will be notified of the results in a timely manner.

Complaints and Appeals

Written complaints will be investigated by NBCC. Concerns received by NBCC must be in writing. When appropriate, NBCC will notify the provider in writing of the complaint and request a response within 30 days. The identity of the complainant will not be revealed.

If the investigation proves that the provider has acted in a manner not consistent with the policies outlined in the application, NBCC will decide if the provider should be placed on probation or have approved provider status terminated. The complainant will be notified of the outcome in writing.

APPROVED CONTENT AREAS

Continuing education activities taken for recertification credit must focus on increasing the knowledge and/or skills in the practice of counseling in one or more of the following areas:

1. **Counseling Theory** includes studies of basic theories, principles and techniques of counseling and their application to professional counseling settings.
2. **Human Growth and Development** includes studies of individuals at all developmental levels; normal and abnormal human behavior; personality theory; lifespan theory; and learning theory within cultural contexts.
3. **Social and Cultural Foundations** includes studies that provide a broad understanding of societal changes and trends; human roles; societal subgroups; social mores and interaction patterns; multicultural and pluralistic trends; differing lifestyles; and major societal concerns including stress, person abuse, substance abuse, discrimination and methods for alleviating these concerns.
4. **The Helping Relationship** includes studies that provide a broad understanding of philosophic bases of helping processes; counseling theories and their applications; basic and advanced helping skills; consultation theories and their application; client and helper self-understanding and self-development; and facilitation of client or consultee change.
5. **Group Dynamics, Processing and Counseling** includes studies that provide a broad understanding of group development, dynamics and counseling theories; group leadership styles; basic and advanced group counseling methods and skills; and other group approaches.
6. **Lifestyle and Career Development** includes a broad understanding of career developmental theories; occupational and educational informational sources and systems; career and leisure counseling, guidance and education; lifestyle and career decision-making; career development program planning; resources and effectiveness evaluation.
7. **Appraisal of Individuals** includes studies that provide a broad understanding of group and individual educational and psychometric theories and approaches to appraisal; data and information gathering methods; validity and reliability; psychometric statistics; factors influencing appraisal; and use of appraisal results in the helping processes. Additionally, the specific ability to administer and interpret tests and inventories to assess abilities, interests, and identify career options is important.
8. **Research and Evaluation** includes studies that provide a broad understanding of types of research; basic statistics; research report development; research implementation; program evaluation; needs assessment; publication of research information; and ethical and legal considerations.
9. **Professional Orientation** includes studies that provide a broad understanding of professional roles and functions; professional goals and objectives; professional organizations and associations; professional history and trends; ethical and legal standards; and professional credentialing.
10. **Multiple Sessions/Conferences** includes total contact hours earned through multiple sessions which meet NBCC approved content areas. Examples of activities which could be listed under this content area would include ACA national conferences and a series of in-service sessions covering many topics.

Requirements for NBCC Continuing Education Approval

1. All program topics must directly relate to one of the 10 Approved Continuing Education Content Areas.
2. Programs focused on practice building and managed care must include sections on how these issues may impact ethical practice and suggestions for dealing with these concerns.
3. Programs focusing on ethics in mental health practice must include information on the ethical codes of NBCC and/or the American Counseling Association.
4. Programs must be geared toward the master's level mental health practitioner. Self-help programs (live or home study) that are designed for the general public and that do not have a significant component for counselors as to how to utilize the program information in the counseling setting will not qualify for approval.
5. NBCC requires providers to submit three sample programs for review. Home study programs, including online programs, will come under the approved status of the provider. There must be at least one sample of each type of home study program offered by the provider. If the provider offers only one type, then you should send three samples of that one type. Home Study Program Types are:
 - 1) Traditional Home Study (book, audio or visual tape plus a quiz;
 - 2) Subscription Home Study (professional periodicals plus a quiz; and
 - 3) Online Home Study. Please see the separate requirements sheet for home study programs.
6. Providers applying for programs based on new or alternative psychotherapeutic theories or methods must submit documentation of current or past research supporting the efficacy of the theory or method. If such research is not available, the provider must show evidence of acceptance by the professional mental health community such as publication in professional literature.
7. Qualified instructional staff or authors of home study materials must have training and experience enabling the individual to be considered an expert in the subject matter being taught. Activities focused on skills to be used in the counseling relationship must be led by at least one master's level mental health professional.

Special Requirements for NBCC Home Study Program Approval

Required Components for All Home Study Programs

- a learning instrument (examples include: book, tape, internet-based text, video, subscription to professional periodical, volumes of past periodicals)
- an assessment instrument (quiz, test, essay) to test exposure to the material
- an evaluation instrument (for assessing user satisfaction)
- an instruction sheet or page with clear information regarding how to obtain continuing education credit

Age of Materials

Program materials should not be more than six years old. If materials are more than six years old, application must include a statement for review regarding the reason that the material is still relevant and valuable to mental health professionals.

Quality of Program Materials

If the program has an audio component, the sound quality must be sufficient to be heard by the average tape player or computer. Programs based on audio or video taped workshops must include all handouts and copies of overhead slides used in the live program. Programs that are self-published/produced must have professional quality print and appearance.

Web-Based Programs

Internet/Web programs allowing electronic payment must utilize standard encryption programs to protect the buyer. Providers of these programs must also make provision to mail certificates of attendance to any buyer who does not have access to a printer.

What to Send to NBCC

The provider must submit one **complete** sample of each type of home study program that you wish to have included under your approval. Please do not send rough drafts. NBCC must see the finished product. For online programs, URLs and access code words are required so that the entire program and quiz may be reviewed.



**APPLICATION FOR APPROVED CONTINUING EDUCATION
PROVIDER STATUS**

Instructions: Please complete application. If additional space is needed, use additional sheets properly marked with the corresponding section of the application.

Name of Organization/Individual _____

Name of Continuing Education Director (unless otherwise designated, this individual will serve as the NBCC contact):

Address _____

Phone _____ Fax _____ E-Mail _____ Web Page _____

Director of Organization (if different from above) _____

Application Checklist: Please label your attachments clearly. Print or type all attachment forms.

- _____ \$300.00 non-refundable application fee plus \$200.00 for 1st annual fee. (Total payment due is \$500.00)
This fee covers *one type* of continuing education program. Remit \$200.00 for *each additional type* of home study for which you are applying.
PLEASE SEND PAYMENT WITH APPLICATION. DO NOT SEND SEPARATELY.
- _____ Vita of individual in charge of the agency's CE program
- _____ Program forms and brochures/announcements for a minimum of three Program Sample Forms (Attachment A)
- _____ Program forms and brochures/announcements for three pending programs (Attachment B)
- _____ Profile sheets for presenters/authors of six programs (Attachment C)
- _____ Content Area Checksheet (Attachment D)
- _____ Evaluation summaries completed by participants of three previously offered programs

I certify that the information provided herein is accurate. I agree to abide by the NBCC Code of Ethics in regard to the offering of activities and to the requirements set forth in this application packet.

Signature Date

NBCC USE ONLY

Date Received _____

Provider Number _____

Fee Paid _____

Effective Date _____

Check Number _____

Application - Approved Provider Status

Page 2

A. Goals and Objectives

1. Please check the types of program(s) for which you are applying for:

_____ *Live programs: workshops, seminars, conferences.*

_____ *Home Study Type(s):*

_____ Traditional home study (book, tape or CD Rom and quiz)

_____ Subscription to professional journal/periodical

_____ Online (Web based)

2. Briefly state the specific goals of your continuing education program for counselors and how these relate to the overall goals of your organization.

3. Describe the target audience (educational level and profession) to which you direct your continuing education activities. If you have not before included counselors in your target audience, please state reasons for adding counselors at this time.

4. Check any professional certification or licensure bodies by which your organization is currently approved to offer continuing education activities.

_____ Commission for Rehabilitation Counselor Certification

_____ American Psychological Association

_____ State Licensure Board (specify the state) _____

_____ American Medical Association

_____ Others (please list) _____

5. When did your agency begin offering continuing education activities to counselors? Please list the month and year _____. Note: Providers of live programs must have offered at least three programs prior to application.

6. What is the average number of continuing education activities that you offer per calendar year?

How many are primarily for mental health professionals? _____

What is the approximate number of participants per year? _____

D. Program Content

1. Attached are Program Sample Forms A and B:

For *live* program approval: Make three copies of each form. Fill them out so that you will submit three A's for three previously offered programs, and three B's for three upcoming programs you will present. For *home study* program approval: Use Attachment A only to submit **one sample of each type** of home study for which you are applying. Example: if all of your programs are traditional you should send one Attachment A form and **one** of your traditional programs.

Please see the Program Sample Form to determine what to send with the form.

2. Describe your procedures for assessing the continuing education needs of the target audience.
3. Complete the **Content Areas of Activities** checksheet (Attachment D).

E. Instructional Staff

1. How do you select instructors/authors for your continuing education programs?
2. How do you verify the competence of the individuals who have been selected to present/author continuing education programs?
3. Submit a Profile Sheet (Attachment C) for the presenters of each activity for which you submitted a Program Form (total of six, unless an individual presented more than one activity being submitted for review).
4. For providers of home study programs, please identify and explain the qualifications of the person who develops the quizzes for your programs.

F. Evaluation

1. Describe the method by which program evaluations are obtained from participants.

2. Explain how your organization utilizes these evaluations for future planning.

3. **Submit a sample evaluation form and a summary of evaluations** which have been completed by participants for the three previously offered programs for which you completed Attachment A Forms. You may use three blank evaluation forms on which you may write the total numbers. If you are applying for home study or online approval only and your programs are new, this item is waived.

G. Awarding Contact Hours

1. How do you verify an individual's participation and completion of an activity?

2. Indicate the type of documentation you give to the participants upon completion of an activity and the information which this documentation contains (you may enclose a sample). For home study or online programs, how is the certificate of completion sent to the counselor?

3. Do you agree to maintain rosters of participants for a period of five years following the date of the activity?

yes _____ no _____

H. Ethics

1. Will you be responsible for ensuring that the continuing education program offered by your organization for NBCC approved hours adheres to the *NBCC Code of Ethics* provided with this application.

yes _____ no _____ (if no, please explain)

2. Describe your cancellation/refund policy.

3. If a program participant is dissatisfied with any aspect of a program, what grievance procedures do you follow for the airing of such a grievance?

4. The following items must be included in promotional material. Please check which items are currently included:

- _____ educational objectives
- _____ target audience
- _____ schedule and format
- _____ fee
- _____ cancellation/refund policy
- _____ credentials of instructor(s)
- _____ number of contact hours for home study and online:
- _____ set of instructions for completing the program and earning the hours

If you are not currently including all of the above items, do you agree to do so once you are granted NBCC approval? yes _____ no _____

5. Describe the provisions which are made to ensure the privacy of confidential material which is presented.

PROGRAM/EVENT SAMPLE FORM

Title of Program _____

Date It Was Offered/Created _____

Instructor/Presenter/Author _____

Type of Program

- ___ Live program (workshop, seminar, conference)
(three samples required)
- ___ Traditional home study (book, tape and quiz)
(only one sample required)
- ___ Subscription home study to professional journal/
magazine **(only one sample required)**
- ___ Online home study **(only one sample required)**

What to Send

- ___ Brochures and other promotional materials
- ___ One complete copy of the program
- ___ One year's worth of periodicals and sample quiz
- ___ Complete URL and password to allow for access to program and quiz

Target Audience _____

Number of Participants (for live programs only) _____

Estimated Number of Participants Who Were Counselors (for live programs only) _____

Number of Hours of Credit Offered _____

Brief Outline of Content:

Learning Objectives:

Evaluation Procedures:

PENDING PROGRAM/EVENT FORM

Title of Program _____

Date It Will Be Offered/Created _____

Instructor/Presenter/Author _____

Type of Program

What to Send

- _____ Live program (workshop, seminar, conference)
- _____ Traditional home study (book, tape and quiz)
- _____ Subscription home study to professional journal/magazine
- _____ Online home study

- _____ Brochures and other promotional materials
- _____ One complete copy of the program
- _____ One year's worth of periodicals and sample quiz
- _____ Complete URL and password to allow for access to program and quiz

Target Audience _____

Estimated Number of Participants (for live programs only) _____

Estimated Number of Participants Who Are Counselors (for live programs only) _____

Number of Hours of Credit Offered _____

Brief Outline of Content:

Learning Objectives:

Evaluation Procedures:

PROFILE SHEET OF TRAINER/AUTHOR/FACULTY MEMBER

A. Name _____

B. Current Employment _____

Title _____

Place of Employment _____

Address _____

Date of Initial Employment _____

C. Educational Background

Undergraduate Degree _____ Major _____ Year _____

University _____

Graduate Degree _____ Major _____ Year _____

University _____

Graduate Degree _____ Major _____ Year _____

University _____

D. Special Training Relevant to Topic Area(s) Presented:

E. Licenses and Certifications Held:

(If trainer is a professional counselor and is not certified by NBCC or licensed by a state as a LPC, please use the back of this sheet to justify the trainer's expertise.)

F. Other Pertinent Information Relating to Individual's Background as it Relates to Provision of Continuing Education Activities.

NOTE: PLEASE DUPLICATE THIS FORM AS NEEDED

CONTENT AREAS OF ACTIVITIES

Below is a list of the 10 NBCC approved content areas. Definitions are provided on page three of the General Information Section I(c). List the last two year's program titles under the appropriate area.

Content Area	Title of Activities
1. Counseling Theory	
2. Human Growth and Development	
3. Social and Cultural Foundations	
4. The Helping Relationship	
5. Group Dynamics, Processing and Counseling	
6. Lifestyles and Career Development	
7. Appraisal of Individuals	
8. Research and Evaluation	
9. Professional Orientation	
10. Multiple Sessions/Conferences	

**SPECIAL INFORMATION FOR INDIVIDUALS APPLYING FOR
APPROVED PROVIDER STATUS**
(Organizations applying for approval should NOT complete these items)

Complete the attached application, making the following changes:

1. Complete a *Profile Sheet of Trainer/Faculty Member (Attachment C)*. Also attach your own vita where it asks for the vita of the individual in charge of the Continuing Education Program.
2. Instead of summaries of evaluations of three previously offered programs, you may substitute three *Reference Evaluation Forms (Attachment E)*, which have been completed by individuals from organizations who have employed you to make a continuing education presentation for them and have witnessed this presentation. Once the reference evaluation forms have been completed and returned to you, please submit them, **unopened**, with your application.
3. You must have offered three previous programs as an independent provider (not as an invited speaker). Courses, workshops, and activities which you have presented as part of your employment responsibilities in affiliation with a larger organization (i.e., university, mental health center) or as a speaker invited by another organization do not meet the application requirements of a previously offered program.

REFERENCE EVALUATION FORM FOR INDIVIDUAL APPLICANTS
(This form is to be completed ONLY BY INDIVIDUALS applying for approved provider status)

Applicant's Name _____

The person named above has applied to the National Board for Certified Counselors to become an approved provider of continuing education activities. Your assessment of the applicant's characteristics will enable the board to evaluate whether the applicant meets its standards. (Question #1 applies to reference.)

1. Reference's Name _____
Profession and Degree _____
Business Address _____

Position Title _____
Place of Employment _____
Type of Organization _____
Telephone _____

2. Please rate the applicant compared to other individuals who have made educational presentations to the members of your organization itself. Please rate the applicant in each area listed below, using the following scale:

1=Poor	2=Below Average	3=Average	4=Above Average	5=Excellent
--------	-----------------	-----------	-----------------	-------------

- | | | | | | |
|---|---|---|---|---|---|
| • Individual's knowledge and expertise | 1 | 2 | 3 | 4 | 5 |
| • Ability to present up-to-date information | 1 | 2 | 3 | 4 | 5 |
| • Ability to present material in a clear and orderly fashion | 1 | 2 | 3 | 4 | 5 |
| • Ability to gear material to a level appropriate to audience | 1 | 2 | 3 | 4 | 5 |
| • Ability to respond to questions/needs of audience | 1 | 2 | 3 | 4 | 5 |
| • Ability to maintain interest level of audience | 1 | 2 | 3 | 4 | 5 |
| • Ethical conduct | 1 | 2 | 3 | 4 | 5 |
| • Ability to handle business affairs in a professional manner | 1 | 2 | 3 | 4 | 5 |

3. Would you contract with this individual to present future programs to your organization/staff members?

yes _____ no _____ (if no, please explain)

4. Recommendation: I recommend this applicant for approval as an NBCC provider of continuing education activities.

yes _____ no _____ (if no, please explain)

5. Additional Comments

6. The above information is based upon my best judgment. I am willing to answer additional questions concerning this evaluation if the NBCC Board of Directors deems it necessary.

Signature of Reference

Date

AFTER COMPLETING THIS REFERENCE FORM, PLEASE ENCLOSE IT IN A SEALED ENVELOPE, SIGN THE SEALED FLAP, AND RETURN IT TO THE APPLICANT.