

Send form if NO payment is due to:
 National Board for Certified Counselors
 3 Terrace Way, Suite D
 Greensboro, NC 27403-3660

Send form with payment due to:
 NBCC, Recertification Department
 PO Box 77698
 Greensboro, NC 27417-7698

NATIONAL BOARD FOR CERTIFIED COUNSELORS, INC.
(336)547-0607 FAX: (336)547-0017 E-Mail: nbcc@nbcc.org Web: www.nbcc.org
Provider Annual Update Form

Currently approved for: Live___; Online Home Study___; Traditional Home Study___; Subscription Home Study___

| Provider Number | Date First Approved | Expiration Date | Annual Renewal Deadline | Amount Due |
|-----------------|---------------------|-----------------|-------------------------|------------|
| | | | | |

- List a maximum of three continuing education activities that you offered to National Certified Counselors which have occurred since the submission of your last renewal. If this is the first form you have received, please list up to three activities which occurred since your initial approval.

| Date | Title | NCCs in Attendance | Total Attendance | Contact Hours |
|------|-------|--------------------|------------------|---------------|
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- Submit an evaluation form and a **summary of the evaluations** for three activities. (If less than three activities were offered, include evaluations for all programs.)
- List a maximum of three projected programs to be offered in the next twelve months.

| Proposed Date | Title |
|---------------|-------|
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PLEASE COMPLETE REVERSE SIDE OF THIS FORM

If your organization did not offer any programs during the previous 12 months, please state that above and return the form and fee payment.

