

# Continuing Education Petition Application for NCCPT

Please complete this request approval for continuing education courses that are not provided by NCCPT

## Contact Information:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_ State \_\_\_\_\_ City, State \_\_\_\_\_ Zipcode

Email Address: \_\_\_\_\_

## CEU Information

Course/ CEU Activity Title \_\_\_\_\_

Type of Activity:  Workshop  Seminar  Home study  Conference  Other

Date(s): \_\_\_\_\_ Contact Hours (excluding break hours) \_\_\_\_\_

Course/ CEU Provider \_\_\_\_\_ Phone Number \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_ State \_\_\_\_\_ City, State \_\_\_\_\_ Zip code

Website: \_\_\_\_\_ Email Address: \_\_\_\_\_

## Payment of Petition Fee (\$10 non-refundable fee for each course petitioned)

**Payment:** Please pay by Money Order (made out to NCCPT, sorry no personal checks) or:

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVC #: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Billing address (if different from above)  
\_\_\_\_\_

Signature: \_\_\_\_\_

**Please answer the following questions in addition to supplying the required information and documentation.**

- Which certificate are you applying your CEU petition towards?
- How has this course, workshop, or educational product provided knowledge, skill and ability above entry level?

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Please submit completed form **along with Certificate of Completion** and any other relevant information to [info@nccpt.com](mailto:info@nccpt.com) or FAX to: 800-915-5545