

LOUISIANA COUNSELING ASSOCIATION
353 LEO
SHREVEPORT, LOUISIANA 71105
APPLICATION FOR APPROVED PROVIDER STATUS

Please download and use this application form

Name of Sponsor (person or agency): _____

Address _____ Telephone () _____

Program Title: _____

Presenter: _____

(Vitae or Resume should be attached to this form)

Content of the Program: _____

(A brochure may be attached to this form)

Location of Program (Be specific) _____

Date of Program: _____

Beginning time: _____ Ending time: _____

Number of CEH (Contact Education Hours) requested: _____

Specific breakdown of time participants are in contact with the presenter should be attached to this form. Please be aware that contact hours will not be awarded for meal or break periods or for business meeting periods unless counseling educational content is presented which is consistent with the requirements for the rest of the program.

Contact Person: _____

Address: _____ Telephone () _____

E-mail Address (to be used on the Web Page advertising the workshop) _____

Payment may be made by check or credit card and must accompany application.