

LOUISIANA COUNSELING ASSOCIATION
353 LEO
SHREVEPORT, LOUISIANA 71105
**APPLICATION FOR LCA CO-SPONSORSHIP
OR**

APPLICATION FOR PRE-APPROVAL OF EVENTS FOR LPC LICENSE RENEWAL

Reason for Application:

 I am applying for my event to be pre- approved for the Continuing Education Clock hours for Louisiana Licensed Professional Counselors based on the authorization LCA has received from the LPC Board of Examiners.

 I am requesting that LCA co-sponsor this event so that NBCC-approved continuing education contact hours may be awarded. I understand that if LCA agrees to co-sponsor this event, the LCA must have input into the content and delivery of the event. I agree that I will make modifications as required by the LCA.

Information About the Organization or Individual Submitting this Request:

Name Person or Agency _____

Address _____

Street

City

State

zip

Telephone Number _____ Email _____

 I verify that I am an NBCC Provider in good standing. ACEP# _____

 I do not have/nor have I ever had an NBCC Provider number.

Information Concerning the Workshop

Program Title: _____

Location of Program:

Name of Venue: _____

Address:

Street

City

State

Zip

Date of Program: _____

Beginning time: _____ Ending time: _____

Number of CEH (Contact Education Hours) requested: _____

Please submit the agenda for the workshop. Agendas should indicate times, content areas to be addressed and all break times.

Please indicate which of the following content areas this workshop will address:

- 1. Counseling Theory
- 2. Human Growth and Development
- 3. Social and Cultural Foundations
- 4. The Helping Relationship*
- 5. Group Dynamics
- 6. Lifestyle and Career Development
- 7. Appraisal of the Individual
- 8. Research and Evaluation
- 9. Professional Orientation, Counselor Professional Identity and Practice issues
- 10. Marriage and Family***
- 11. Chemical Dependency****
- 12. Supervision***
- 13. Abnormal
- 14. Psychopharmacology

****These content areas are not approved content areas for NBCC approved hours. Programs addressing **only** these areas cannot be co-sponsored by LCA for NBCC-approved clock hours.

Please indicate how the content of this event address the areas checked above (please be specific; do not refer reviewers to an attachment):

Please indicate the learning objectives to be addressed by this event (Please do not refer reviewers to an attachment).

Upon approval, this workshop will be advertized on the LCA web site calendar. Below please indicate a short description (20-30 words maximum) of this workshop; this description will appear on the LCA calendar:

The web entry will list contact information for registration or additional information concerning the workshop. What information should be included on the calendar (this may be a telephone

number, email address or web site):

Information About the Presenter:

Name _____

Please include degree (s) or certification (s) (example MA LPC)

A current educational vita must be submitted with this application.

Contact Person: _____

Address: _____ Telephone () _____

E-mail Address _____

All communication concerning this workshop will be emailed to the contact person at this address.

Payment may be made by check or credit card and must accompany application. Fees vary based on length of the workshop. Please see the CEU Information Packet for fees.

Payment Method

_____ Check or money order payable to Louisiana Counseling Associations (LCA)

_____ Purchase Order (purchase order form must be included)

_____ VISA _____ Master Card _____ Discoverer _____ American Express

Credit Card Number _____ Exp. Date _____

CVC Code Amex: _ _ _ _ Visa Master Card Discoverer _ _ _ _

Cardholder's Name

(print) _____

Authorized

Signature _____