



LOUISIANA COUNSELING ASSOCIATION

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LCA web site www.lacounseling.org

APPLICATION FOR LPC CONTINUING EDUCATION CLOCK HOURS

For pre-approval of workshops for continuing education clock hours for LPC/PLPC license renewal, applications must be completed in its entirety and all supporting documentation attached. Fees must accompany the application. Fees are nonrefundable and do not guarantee approval.

If approved, the CE clock hours awarded may be used for LPCs and PLPCs for license renewal. This application does not serve the function of pre-approving for NBCC continuing education clock hours.

Workshop Information:

Title of Workshop: _____

Platform: _____ In Person; _____ Live Webinar; _____ Recorded Webinar; _____ Podcast

Date (s) of Workshop: _____

If workshop is in person: Location of Workshop: City: _____

Venue Name: _____

If workshop is in person: Street Address: _____

If workshop is online: Actual Link to workshop:
information _____

Beginning Time: _____ Ending Time: _____

Cost for participant: _____

Total **Number** of Continuing Education Clock Hours Being Requested: _____ CE Clock Hours

_____ Would like the workshop reviewed for Ethics____, Diagnosis____, Supervision _____

An agenda must accompany this application.

Which of the following content areas will this workshop address?

___ Counseling Theory

___ Ethics

___ Human Growth and Development

___ Marriage and Family

___ Social and Cultural Foundations

___ Chemical Dependency

___ The Helping Relationships

___ Supervision

___ Group Dynamics

___ Abnormal

___ Lifestyles and Career Development

___ Diagnosis

___ Appraisal of the individual

___ Professional Orientation, Counselor
Professional Identity and Practice Issues

___ Research and Evaluation

___ Please indicate how the content of this event will address the areas checked above. Be specific. DO NOT REFER THE REVIEWER TO AN ATTACHMENT.

Please indicate the learning objectives: DO NOT REFER THE REVIEWER TO AN ATTACHMENT

Upon approval, this workshop will be advertised on the LCA website calendar. Please indicate a short description of this workshop:

What contact information should be included on the calendar entry for questions concerning the workshop?

How do participants register?

About the Presenter:

Name: _____

Degree/Credentials: _____

Attach a current **educational vita for each presenter** to this application.

If there are additional presenters, please use an additional page.

About the Sponsoring Organization:

Name: _____

Complete Mailing Address: _____

Telephone: _____ Email: _____

Website: _____

_____yes _____no Have ever been approved by NBCC as an approved provider. If yes, are you presently an NBCC ACEP _____yes _____No If yes, what is the ACEP #? _____

Contact Person: _____

Mailing Address: _____

Telephone: _____ Email: _____

Application Fees and Payment:

An administrative fee is required for each educational event and is due with the application. This fee is for the review of the application and does not guarantee approval.

Please indicate which fees are applicable:

_____ \$65.00 Single day workshop presented only one time.

_____ \$130.00 Single day workshop presented several times during one fiscal year.

_____ \$100.00 Conference (a workshop offered over continuous days)

_____ \$25.00 Late fee: An additional fee for workshops submitted less than three weeks before workshop dates.

Payment Method:

_____ Check: (Checks should be made out to LCA) _____ Credit Card

Credit Card Number: _____

Expiration Date: _____ CVC Number: _____