

The National Association of Cognitive-Behavioral Therapists

P.O. Box 2195
Weirton, WV 26062

CONTINUING EDUCATION SUBMISSION FORM

Important Note: Please submit one form for each seminar / workshop you wish to have considered for continuing education purposes. Also, you must indicate in the "Brief Description" section how the workshop / seminar related to cognitive-behavioral therapy. Without an indication of how it relates to CBT, the submission will be denied.

Date Submitted: _____

Member number: _____

Your Name: _____

Certifications: _____

Title of Workshop/Training _____

Brief Description(Please note how it relates to Cognitive-Behavioral Therapy):

Sponsoring Organization: _____

Date(s) Attended: _____

Location: _____

Name of Presenter/Instructor: _____

Total CEU's to be credited for this Workshop/Training: _____

THIS FORM MAY BE COPIED BY MEMBERS FOR THE PURPOSE OF CEU SUBMISSION