

**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 what CBT approach or material was taught in the workshop / seminar. 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 ( **Must** be in Cognitive Behavioral Therapy) \_\_\_\_\_

Brief Description (**must** be in Cognitive-Behavioral Therapy): **If CBT is not in the title of the seminar, please attach material showing what CBT material/treatment was covered. ( example: brochure or hand out)**

Sponsoring Organization: \_\_\_\_\_

Date(s) Attended: \_\_\_\_\_

Location: \_\_\_\_\_

Name of Presenter/Instructor: \_\_\_\_\_

Total CE credits to be credited for this Workshop/Training: \_\_\_\_\_

**ATTACH A COPY OF YOUR COMPLETION CERTIFICATE TO EACH SUBMISSION FORM.**

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