

INDIVIDUAL ACCREDITATION APPLICATION



Please complete this form and return with supporting documentation to CCB Headquarters. Following application review and accreditation, a CCB program code will be assigned that should be referenced on all applications. Please allow a minimum of six weeks for review. This format of CEU only applies to events that fall in your maintenance period.

CONTACT INFORMATION

APPLICANT NAME _____ MEMBER # _____
ADDRESS _____
PHONE _____ FAX _____
E-MAIL _____

PROGRAM INFORMATION

PROGRAM TITLE _____
SPONSORING ORGANIZATION _____
DATE/LOCATION OF PROGRAM _____

TYPE OF EVENT

Live Conference Live Web Conference Other _____
(Note: CEUs from "Live" events must constitute a minimum of 50% of CCB CEU requirements. Neither pre-recorded web conferences nor self-study activities are eligible for credit)

TOTAL HOURS

Total hours (60 minutes/hour) spent in instructional activity in program above: _____
(Note: Only 1/2 credit granted for lunch speaker.)

SUPPLEMENTAL MATERIALS

Please attach a complete agenda outlining session times, and a sample of handouts (no more than 10 pages), and/or a certificate of attendance with total hour of participation indicated.

ATTENDANCE VERIFICATION

Please provide a certificate of attendance or sign and date below certifying that you were in attendance during the hours indicated above.

SIGNATURE

DATE

COMPLETE ALL SECTIONS AND INCLUDE ALL SUPPLEMENTAL MATERIALS REQUESTED. Incomplete applications will be returned and six additional weeks will be needed for approval.

SUBMIT THIS FORM AND REQUESTED MATERIALS TO:

CCB Headquarters, Office of Continuing Education
6500 Barrie Road, Suite 250, Minneapolis, MN 55435, United States
PHONE: 888-580-8373 | FAX: 952-988-0146
ccb@hcca-info.org