NDCA MIDWINTER CONFERENCE
February 09 - 11, 2020
Radisson Hotel, Bismarck, ND

CONTACT HOUR MONITORING FORM FOR NDBCE

Name of NCC/LPC:_____

Street Address:_____

City/State/Zip_____

List each session in which you participated in order of attendance:

Date	Time	Program Title	Speaker	Contact hours

Total Contact Hours:_____

I certify that the information presented on this form is complete and accurate.

Signature Date

Credit can only be granted for your participation in content sessions that will enhance your skills and knowledge as a counselor. Only request credit for sessions that you attend in their entirety. Credit cannot be granted for business/government meetings, breaks or social activities including meal functions except for actual time of a content speaker.

Authorized by:_____, *Jenise Wilson*_____

Jenise Wilson, Executive Director, NDCA

NBCC Provider Name: North Dakota Counseling Association
Phone number of contact, for verification of hours: 701-840-1986