

West Virginia Board of Examiners in Counseling

815 Quarrier Street, Suite 212
Charleston, West Virginia 25301
(800) 520-3852
Email: rclay27@msn.com
www.wvbec.org

Pre/Post Continuing Education Approval Form

Requirements for Approval

WVBEC reserves the right to monitor the approved programs and activities. Approval can be withdrawn from any program or activity that does not adhere to the guidelines set by the Board.

1. Competent individuals shall present the program. (Refer to subparagraph 6.2.a.2.A in rule 27CSR3)
2. The program shall meet the professional needs of the intended clientele, which shall include counselors.
3. The program shall have a minimum duration of one (1) contact hour.
4. One (1) contact hour means one-hour (60) minutes spent in a program.
5. The program shall have an agenda, clearly listing the time and date of the program, including starting and ending times of each session or section and refreshment and meal breaks.
6. The program shall have written goals and objectives that are responsive to the needs of prospective counselor attendees.
7. The program shall include an evaluation component directly related to its state goals and objectives.
8. The program shall be related to the counselor content areas as listed on the attached sheet (see page 3).
9. The program shall be disseminated via appropriate instructional methods, such as lecture, group discussion, video, film or interactive teleconferencing.
10. The program shall be offered in a site that shall be accessible under the provisions of the American's With Disabilities Act.
11. The program's promotional information shall state that program approval has either been applied for or has been granted.
12. The provider of the program shall provide program participants certificates of completion, which contain the following printed (not hand written) information:
 - a. The title and dates of the program and the Board's approval number
 - b. The name of the sponsoring agency, organization or individual
 - c. The name of the participant and the number of contact hours of continuing professional education earned by the participant
 - d. The presenter (s) name and his or her credentials, and
 - e. The signature of the presenter and/or the official representative of the sponsoring organization.
 - i. If the certificate of completion is presented to the participant without all the above information, the participant will have cause to request a refund of the program fee.

Please mail application with all attachments to:
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Pre-Approval Form and/or Post-Approval Form

1. Date of Program _____ 2. Location (City) _____
3. Title of Program _____
4. Intended Clientele _____
5. Number of Contact Hours earned _____ 6. Cost to Attend Program _____
(Less breaks & meals)
7. Sponsoring agency, organization, or individual _____
8. Address _____
9. Phone # _____ Fax # _____ Email _____
10. Content of program encompasses which focus areas? (See page 3 for a listing) _____

11. Describe the facility in which the program will take place. Is the facility accessible under the provisions of the American's With Disabilities Act?
12. Attach a finished copy of the brochure advertising the program. If brochure is not available, please provide the following:
 - a. Agenda (to include start and end time(s), including breaks and lunch
 - b. Training description
 - c. Learning Objectives/Goals
13. Attach a vita or resume of the presenter (s). (Unless it is on the brochure)
14. If this is a Post CE Approval, attach a copy of the certificate of completion.
15. If you do not have an email address, please send a self-address envelope with your request.

Your Signature

Print Name

Address

Date

Your Email Address – **please print**

Work Phone Number

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LPC CE Focus Areas

- A Human Growth and Development – includes nature and needs of individuals at all developmental levels following psychological, sociological and physiological approaches. Also includes human behavior (normal and abnormal), personality theory, learning theory, dynamics of stress, and medical/functional implications of disability.
- B Social and Cultural Foundations – includes studies of social change, ethnic groups, subcultures, mores, urban and rural societies, population patterns, use of leisure time, work, and differing life patterns.
- C Group Dynamics – includes theories, practices, methods, dynamics, facilitative skills and supervised practice.
- D Life-style and Career Development – includes vocational-choice theory, relationship between career choice and lift-style, occupational and educational information, career decision-making processes, career development exploration, and placement techniques.
- E Individual Appraisal - includes individual differences, methods of data gathering and interpretation, individual and group testing, and case study.
- F Research and Evaluation – includes statistics, research design, research proposals, and evaluation.
- G Professional Responsibilities – includes goals and objectives of counseling organizations, codes of ethics, legal considerations, standards of preparation, certification and licensing, advocacy, confidentiality, and the role identity of counselors.
- H Community Resources – includes development and implementation of community resource references and materials for client referral.
- I Supervision- includes the theory and practice of supervision with experiential components.
- J Counseling Theories – includes a study of basic theories and principles of counseling and philosophic bases of the helping relationship.
- K Counseling Techniques – includes individual counseling practices, methods, facilitative skills, and application of these skills.
- L Veterans and family members of veterans - mental health conditions common to veterans and family members of veterans may include, but not be limited to, inquiring about whether clients are veterans or family members of veterans; screening for conditions such as post-traumatic stress disorder; readjustment issues; risk of suicide and prevention of suicide; military sexual assault; and depression and grief.