

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-Approval and/or Post Approval Form

Requirements for Approval

WVBECC 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 Approval can be withdrawn from any program or activity that does not adhere to the guidelines set by the Board.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.
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:
West Virginia Board of Examiners in Counseling, 815 Quarrier St., Suite 212, Charleston, WV 25301
(800) 520-3852 Email: rclay27@msn.com

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? _____
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 check or money order for \$15.00
13. Attach a finished copy of the brochure advertising the program.
14. Attach a vita or resume of the presenter (s). (Unless it is on the brochure)
15. Send a copy of the certificate of completion if this is a post approval.
16. 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