



**Alabama Counseling Association**  
**GENERAL CONFERENCE SESSIONS REPORT**  
**Professional Development (NBCC) Contact Hours**

The Alabama Counseling Association has been approved by NBCC as an Approved Continuing Education Provider, ACEP No. 2001. Programs that do not qualify for NBCC credit are clearly identified. The Alabama Counseling Association is solely responsible for all aspects of this program.

Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**YOU MUST BE REGISTERED FOR THE CONFERENCE TO CLAIM NBCC CONTACT HOURS.**

You may report any of the following: Wednesday Morning Workshop Session (Keynote Speaker), Opening General Session (Keynote Speaker), Friday General Session (Keynote Speaker), or Content Sessions. Indicate below which programs you attended. Insert title and number of Content Sessions. You should request credit only for programs you attended in their entirety. Credit cannot be granted for ancillary programs, business meetings, committee meetings, luncheons, or receptions). **Credit cannot be granted for a program one presents.** Do not record programs with overlapping times. Presenter's signature not required.

**Wednesday, November 15, 2023**

10:00 AM - 12:00 PM	Opening General Session	Attended: Yes _____ No _____	2.00
1:45 PM – 3:00 PM (Session # / Title) _____			1.25
3:15 PM – 4:15 PM (Session # / Title) _____			1.25

**Thursday, November 16, 2023**

8:30 AM - 10:15 AM	General Session	Attended: Yes _____ No _____	1.75
10:30 AM - 11:45 AM (Session # / Title) _____			1.25
1:30 PM - 2:45 PM (Session # / Title) _____			1.25
3:00 PM - 4:15 PM (Session # / Title) _____			1.25
4:30 PM - 5:45 PM (Session # / Title) _____			1.25

**Friday, November 17, 2023**

8:30 AM - 10:00 AM	Business & General Session	Attended: Yes _____ No _____	1.50
10:30 AM - 11:45 AM (Session # / Title) _____			1.25

I certify that the information on this report form is complete and accurate. Total NBCC Contact Hours: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please email your form to [ceu.alca@gmail.com](mailto:ceu.alca@gmail.com) by January 31, 2024. Certificate will be emailed as soon as possible but no later than March 31, 2024. There is a \$5.00 processing fee (\$20 for non-members). If you did not pre-pay, you may either pay your fee online at <https://alca.memberclicks.net/chapterdivisionaffiliatecerequest> and email your completed form OR you may mail a check and completed form to the ALCA office at 5184 Caldwell Mill Rd. Ste. 204 #137 Hoover, AL 35244. Checks made payable to ALCA.

\$20.00 charge for duplicate certificate requests and for requests submitted after January 31, 2024.

\_\_\_\_\_ Check if you plan to submit certificate to the Alabama State Board of Social Work Examiners.

Persons who need to verify attendance at certain workshops (e.g., ethics) should attach a copy of this report form to the certificate when submitting papers to a licensing board.