

Send Correspondence to:
The Center for Credentialing &
Education
3 Terrace Way
Greensboro, NC 27403-3660

The Center for Credentialing & Education
Application for
Pre-Approval of
Continuing Education Seminar for GCDF



1. Title of Seminar _____
2. Target Group _____
3. Number of clock hours of training _____
4. Sponsoring organization or individual _____
5. Address _____

6. Day-time phone number: (____) _____
7. Describe the facility in which the seminar will be delivered. Is the facility handicap accessible?

8. Describe your grievance procedures and refund policy.

9. Describe your procedures for verifying attendance and participation.

Submit the following with this application:

- a. An outline that describes the content of the seminar and which of the twelve GCDF competency areas is addressed.
- b. A list of trainers that will deliver the seminar and their qualifications.
- c. An outline that describes how the seminar will be delivered (classroom hours, home study, etc.)
- d. A description of how comprehension of material will be assessed.
- e. The \$50 review fee (check, money order, or credit card number and expiration date)

The signature below indicates that I have read the **CCE GCDF Code of Ethics** and that I agree to ensure that the program named in this application abides by the code. I agree to provide students who complete the seminar with documentation of attendance and to keep a roster of attendees on file for a five-year period.

Signature of Contact Person

Date