

# ACA 2014 Conference Academy Form

**Requirements and Instructions:**

**Complete and return this form by December 31, 2014 in order to receive an Academy certificate.**

1. Attend at least six (6) Education Sessions from one of the approved Academy tracks, as indicated in the Program Guide.
2. All 6 sessions must be from the same Academy track. Learning Institutes and Poster Sessions are not eligible.
3. Complete this form and submit:

FREE!

At: [www.counseling.org/2014academies](http://www.counseling.org/2014academies)

When you submit your Academy form online, we'll waive the processing fee!  
You will receive access to view/print your certificate instantly.

\$15

Complete this form and mail with \$15 processing fee to ACA at:

American Counseling Association  
Attn: Accounting Department  
5999 Stevenson Avenue  
Alexandria, VA 22304

Your certificate will be mailed two to three weeks after receipt.

(Print Clearly)

<b>Name:</b>	_____
<b>Address:</b>	_____
<b>City, State, Zip:</b>	_____
<b>Email Address:</b>	_____
<b>ACA Member #:</b>	_____

**Please list the Academy approved Education Sessions you attended below:**

	Date	Time	Program ID#
1			
2			
3			
4			
5			
6			

Place an X next to the Academy you attended:

- Addictions
- Career Development/Employment Counseling
- Child & Adolescent Counseling
- Clinical Mental Health/Private Practice
- Counseling Ethics & Legal Issues
- Counselor Education & Supervision
- Couples & Family Counseling
- Creativity in Counseling
- Group Work
- Human Development Across the Lifespan
- LGBTQ
- Military Counseling
- Multicultural and International Counseling
- Research
- School Counseling
- Spirituality & Religious Values
- Traumatology
- Wellness

**Payment Information**

*Full payment must be enclosed for certificate to be processed.*

- ( ) Check or money order, payable to ACA in U.S. funds.
- ( ) Credit Card #

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Security Code \_\_\_\_\_ Exp. Date \_\_\_\_ / \_\_\_\_

Authorized Signature \_\_\_\_\_

Cardholder's Name (print) \_\_\_\_\_

**I certify that the information reported is complete and accurate.**

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