

# ACA 2017 Conference & Expo Education Sessions

## Continuing Education Report Form

**Instructions: Complete and return this form by December 31, 2017 in order to receive a CE certificate.**

You must attend a session for 100% of the time to receive credit. DO NOT claim credit for a session that you presented.

Complete this form and submit:

**FREE!**

Online at [www.prolibraries.com/counseling](http://www.prolibraries.com/counseling)

When you submit online, we'll waive the processing fee!

You will receive access to view/print your certificate instantly under "CE Certificate".

**\$20**

Print one evaluation form, per session attended, at [www.counseling.org/conference](http://www.counseling.org/conference)

Mail completed form and evaluations with \$20 check payable to ACA:

American Counseling Association

Attn: Accounting Department

6101 Stevenson Avenue, Suite 600

Alexandria, VA 22304

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

*Please print clearly*

<b>Name:</b>	_____				
<b>Address:</b>	_____				
	_____				
<b>Email Address:</b>	_____	<b>Phone Number:</b>	_____		
<b>ACA Member #:</b>	_____				

**Friday, March 17**

Time	Activity	ID #	Title	Credit	Earned
7:30 am - 8:30 am	60-Minute Session			1.0	
9:00 am - 10:30 am	Opening Keynote			1.0	
11:00 am - 12:00 pm	60-Minute Session			1.0	
1:00 pm - 2:30 pm	90-Minute Program			1.5	
3:00 pm - 4:00 pm	60-Minute Session			1.0	
4:30 pm - 5:30 pm	60-Minute Session			1.0	
<b>TOTAL CE FOR DAY</b>					

**Saturday, March 18**

Time	Activity	ID #	Title	Credit	Earned
7:30 am - 8:30 am	60-Minute Session			1.0	
10:30 am - 12:00 pm	90-Minute Program			1.5	
1:00 pm - 2:30 pm	90-Minute Program			1.5	
3:00 pm - 4:00 pm	60-Minute Session			1.0	
4:30 pm - 5:30 pm	60-Minute Session			1.0	
<b>TOTAL CE FOR DAY</b>					

**Sunday, March 19**

Time	Activity	ID #	Title	Credit	Earned
7:30 am - 8:30 am	60-Minute Session			1.0	
8:45 am - 10:15 am	90-Minute Program			1.5	
10:30 am - 12:00 pm	90-Minute Program			1.5	
12:15 pm - 1:15 pm	60-Minute Session			1.0	
<b>TOTAL CE FOR DAY</b>					

**CE CREDIT TOTAL FOR CONFERENCE**

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

Signature \_\_\_\_\_

Date \_\_\_\_\_

*For questions regarding CE for this Conference, call  
800-545-2223 x229*