



AMERICAN COUNSELING  
ASSOCIATION  
counseling.org



# #COUNSELORSADVOCATE

Washington, D.C. | July 15–18, 2019

## ILT 2019 Continuing Education Report Form

**Instructions:** Complete and return this form by October 31, 2019 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.*

### FREE by submitting form onsite

When you submit onsite, we'll waive the \$20 processing fee!  
Return completed form to the registration area during event.

### MAIL

Mail completed form with \$20 check made payable to ACA:  
American Counseling Association  
Attn: Finance & Administration  
6101 Stevenson Avenue, Suite 600  
Alexandria, VA 22304

*Your certificate will be emailed to you within one to two weeks after receipt.*

### Please print clearly

Name: \_\_\_\_\_

Email: \_\_\_\_\_

ACA Member #: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### On a scale of 1– 5, with 5 being the highest and 1 being the lowest, circle how would you rate the following:

- |  |   |   |   |   |   |
|--|---|---|---|---|---|
| 1. Relevance of the theme to your practice                         | 1 | 2 | 3 | 4 | 5 |
| 2. Presenters' knowledge and expertise                             | 1 | 2 | 3 | 4 | 5 |
| 3. Presenters' ability to remain on topic and convey ideas clearly | 1 | 2 | 3 | 4 | 5 |
| 4. Presenters' organization and preparation                        | 1 | 2 | 3 | 4 | 5 |
| 5. Presenters' ability to maintain audience interest               | 1 | 2 | 3 | 4 | 5 |
| 6. How much did you learn as a result of this CE program?          | 1 | 2 | 3 | 4 | 5 |

**Did this presentation meet your expectations?**     Yes     No

### Profession (check):

- Counselor     Psychologist     Counselor Educator     Other  
 Social Worker     Student     Alcoholism & Drug Abuse Counselor

**Are you a Nationally Certified Counselor through NBCC?**     Yes     No

**Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SIGN HERE:** *I certify that the information on this Continuing Education Credit Report Form is complete and accurate.*

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

*This program has been approved for 1.0 CE clock hours. ACA is an NBCC-Approved Continuing Education Provider (ACEP) and may offer NBCC-approved clock hours for events that meet NBCC requirements. The ACEP solely is responsible for all aspects of the program.*