



2024 NASPA ANNUAL CONFERENCE
Seattle, WA | March 9-13, 2024



CLOCK HOUR MONITORING FORM FOR NBCC

Name: _____

NCC #: _____

Email Address: _____

Phone Number: _____

Mailing Address: _____

City/State/Zip Code: _____

List each session in which you participated in order of attendance:

Date	Time	Program Title	Speaker	Clock Hours

Use Back Side for Additional Sessions

Total Clock Hours: _____

I certify that the information presented on this form is complete and accurate.

Signature

Date

Credit can only be granted for your participation in content sessions that will enhance your skills and knowledge as a counselor. Please only request credit for sessions that you attend in their entirety. Credit cannot be granted for business/governance meetings, breaks, or social activities including meal functions except for the actual time of a content speaker.

Before credit can be granted, an evaluation is required for each session you attend. A link to the online conference evaluation form will be sent to you after the conference.

**NOTE TO NCCs: This documentation should be registered in your NBCC supplied continuing education folder.

Authorized by: Stephanie Gordon

Title: Vice President for Professional Development, NASPA

NBCC Provider Name/No.: NASPA Provider # 5120

Contact for verification of hours: Teri Gillmor • tgillmor@naspa.org • 202.265.7500, ext. 1182

Date	Time	Program Title	Speaker	Clock Hours