

PCC Continuing Education Approval Application

Name: _____ Date: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Organization: _____

Organization Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____

Website: _____

Instructor Name: _____ Course Dates: _____

Course Format: Please check: Refresher: _____ Advanced: _____

Please check: Lecture: _____ Workshop: _____ Expo: _____

Total Course Length: _____ hours/_____ minutes

Course Description: _____

Please provide the following with this application: 1- Brochure of course taken
2- Detailed agenda of each subject matter that was presented

I, _____, acknowledge my information is correct and accurate for Continuing Education Credits, including accurate record keeping and submitting attendance roster.

There is a \$75.00 fee for this application.

Make checks/money orders payable to PCC

And mail to:

PCC Renewal Application

4717 Pemberton Drive

Raleigh NC 27609