



OFFICIAL REGISTRATION FORM

Re-certification Credit (RC) Course/Event

Use this form to register a professional development course or educational event for recertification credits (RCs). Prior to registration acceptance, the ACAC will require that a course syllabus or abstract be submitted for review.

Registration is free of charge. Please mail or email application to: **The American Council for Accredited Certification, PO Box 1000 Yarnell, AZ 85362** email: julie@acac.org

Complete each section to ensure that the Council has adequate information to consider your application. Include additional pages where necessary.

**ALL FIELDS ARE REQUIRED.
INCOMPLETE APPLICATIONS WILL NOT BE REGISTERED.**

Full Name of Course Provider: _____

Full Name of Sponsoring Organization (if any): _____

Provider Address (including Postal Code): _____

Provider Phone: _____ **Provider FAX:** _____

Provider Contact E-Mail: _____

Direct hyperlink to Course/Event webpage: _____

Event Title: _____

| Date | Location | | | | Course Hours |
|------|--|------|-------|-----|--------------|
| | (for separate presentations of the same event – MUST include zip code) | | | | |
| | Street | City | State | ZIP | |
| | Street | City | State | ZIP | |
| | Street | City | State | ZIP | |
| | Street | City | State | ZIP | |
| | Street | City | State | ZIP | |

(Use a separate sheet if necessary)

Disclaimer: The ACAC does not audit, approve or provide oversight of course content. Registration of courses does not warrant the accuracy, validity or reliability of the course materials or their presentation. Course providers may not use words such as “approved,” “endorsed,” or “authorized” in describing their relationship with ACAC, nor may they use this registration to imply that their courses have been audited or examined. Use of the word “registered” is acceptable.