

# 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  
5300 Kirkwood Ct.  
Raleigh NC 27609