



American Reflexology Certification Board

ARCB, PO Box 5147, Gulfport, FL 33737
303-933-6921 (Phone), 303-904-0460 (Fax)
email: info@arcb.net www.arcb.net

Application for CE Credit for Independent Study Pre-Approval

General directions: Completed application, attachments, and fee must be received in the ARCB administrative office eight (8) weeks before the CE requirement is due. ARCB will notify applicant of approval, deferral of approval, or disapproval of project in a timely manner.

Submission options: Completed application and attachments may be scanned and emailed to ARCB, faxed, or mailed (3 copies, if mailed). Fee may be mailed or charged to credit or debit card by phone. However, application will not be reviewed until fee is received.

Fee: Fees are due at the time of application, are non-refundable, and subject to change without notice. The fee for certificant requesting CE credit for independent study is based on the number of continuing education hours being requested. (In 2009, the fee is \$25 no matter how many credits the applicant is asking approval for.)

A. General information:

Date of application: _____

Certificant name: _____ ARCB# _____

Address: _____

Phone: _____

Email: _____

Number of continuing education hours requested: _____

B. Plan:

Describe in detail your independent study plan.

(List title(s) and author(s) of book(s), audio(s)/video(s) to be reviewed, course curriculum to be designed by you, lecture to be given, article to be written, health fair to be attended, board on which you are serving, agency where you are volunteering, etc. State the qualifications of the author(s) specific to topic. If you are the author of the activity, state your qualifications for that activity.)

C. Objectives:

What do you intend to learn, do, or accomplish by engaging in this learning activity?

D. Evaluation:

Discuss in detail how the acquisition of the new skills or knowledge will help you as a reflexologist.

All statements made on or in connection with this application form are true and complete to the best of my knowledge. I understand and agree that misrepresentation or omission will cause forfeiture of the CE hours pre-approved.

Signature: _____

Date: _____

For office use only

Approved

Not approved

Deferred

Reason for not approved or deferred:

Reviewer: _____

Date: _____

Comments: