



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 Verification of Completion Form

General directions: Completed application and attachments must be received in the ARCB administrative office by December 31 of the year your CE requirement is due.

Submission options: Completed application and attachments may be scanned and emailed to ARCB, faxed, or mailed (3 copies, if mailed).

A. General information:

Date of application: _____

Certificant name: _____ ARCB# _____

Address: _____

Phone: _____

Email: _____

Number of continuing education hours requested: _____

B. Evaluation:

B1. Discuss in detail whether or not your pre-approved independent study project was completed as planned. If it was changed in any significant way, please explain.

B2. What did you learn from this independent study?

C. Verification:

If you participated in an event or volunteered on a board, etc., provide written evidence of this by attaching a signed letter from the organizer of the event or board members. If you read a book or reviewed a DVD, or other similar material, attach a copy of the cover. Enclose any other proof of independent study as appropriate.

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 granted.

Signature: _____ **Date:** _____

For office use only

- Approved**
- Not approved**
- Deferred**

Reason for not approved or deferred:

Reviewer: _____ **Date:** _____

Comments:

