



## American Reflexology Certification Board

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

### Application for CE Credit for Non-ARCB Approved Activity 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. Resources:

Name the title(s) of the activity(s) in which you participated

**C. Educational information:**

1. What was presented in each unit of study? Summarize the content.

2. How will this information be applied to your reflexology practice?

3. Discuss your impression of the activity. Critique it.

**D. Verification of completion:**

Attach a copy of your certificate of completion from the provider or include a letter verifying completion. Verification must include the activity title, date(s), and hours.

**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:**