



NBCC Credit Request Form

I hereby request documentation of my participation in William Glasser Institute's professional development program described below. Please fill out this form, scan and email to kim@wglasser.com with the subject NBCC Credit. **Please note that only instructors with credentials of a master's or higher can teach courses leading to NBCC credit.**

Date of Request: _____

Program Information:

Program Title: _____

Date(s) of Attendance: _____

Location: _____

To be completed by Instructor:

I _____ hereby attest that _____
Instructor's Name (please print) Applicant's Name (please print)

attended _____ clock hours of this program.

Instructor's Signature

Date

Applicant's Information:

Name: _____

Email: _____ Phone No.: _____

I hereby attest that I attended _____ clock hours of this program.

Applicant's Signature

Date

For Office use only:

Date received _____ Reply date: _____