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PCA Board of Directors Meetings

Pennsylvania Counseling Association (PCA)

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2-13-2009

### 2009-02-13 PCA Continuing Education Report Form for the Oct. 2009 Conference

Pennsylvania Counseling Association

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**Pennsylvania Counseling Association  
Continuing Education Report Form  
2009 Conference  
October 2009**

**Penn State Conference Center Hotel, State College, PA 15132**

- Circle the hours in the CEU column for all workshops you attended.
- You must complete the session in order to receive CEU credit.
- Total number of hours cannot exceed #, which includes pre-conference workshops.
- The opening session and the keynote address at the luncheon are each .5 contact hours. The luncheon and division and regional meetings do not count toward contact hours.
- Please sign this form. Unsigned forms are invalid. Dr. Michelle Bruno, PCA Professional Development Chair, must sign the original and one copy.
- You may drop off your form for processing at the reception desk between 5 and 6 pm on Saturday and pick up your official signed copy on Sunday between 10 am and 12 pm.
- CEU Processing is free for all PCA members. Non-members must include a \$10.00 processing fee.
- If you wish to mail your form to PCA for processing, please send to:  
Dr. Michelle Bruno  
PCA Professional Development Chair  
Indiana University of Pennsylvania  
400 Penn Center Blvd.  
Ninth Floor, Building #4  
Pittsburgh PA 15235
- The deadline for processing is December #, 2009.

Day	Program Name	Type of Program and Time	CEU's
Friday	Pre Conference Workshop	1 to 4 pm	#
Saturday	Opening Session	8:15 to 8:45 am	#
	Learning Institute	Learning Institute # am to # pm	#
	Educational Session	Educational Session # am to # pm	#
	Keynote Address after Luncheon	12.45 to 2:15 pm	#
	Educational Session	Educational Session # to # pm	#
	Round Table	Round Table # to # pm	#
Sunday	Poster Session	Poster Session # to # am	#
	Educational Session	Educational Session # am to # pm	#
			<b>Total CEU hours:</b>

Name and Address \_\_\_\_\_

Email \_\_\_\_\_

I certify that the information I have reported on this form is complete and accurate.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature: Professional Development Chair, Dr. Michelle Bruno \_\_\_\_\_

Phone: 412-824-1999

Fax: 412-824-3320