



National Advocate Credentialing Program

CONTINUING EDUCATION DOCUMENTATION (CED) FORM

This form is to be used by the advocate, once credentialed, to document continuing education received through in-service training, seminars, workshops and conferences. This CED form must be signed by the trainer or training sponsor representative. Applicant should then submit a copy of this form with the NACP credential renewal or renewal/upgrade application.

YOU DO NOT NEED TO USE THIS FORM:

- If you participated in a webinar. In its place, you will submit the **email confirming your participation**, which should include all of the required details.
- If you participated in a workshop or training where a **Certificate of Completion** was provided (with all the required details). You will submit a copy of your certificate.

NOTE: 32 hours of continuing education are required *every* 2 years and must be completed after the credentialing application/renewal submission month [April 1 – 30 or October 1 - 31] and before the two-year deadline month’s end (e.g. if you submit your application by April 30th, you have from May 1st until April 30th – 2 years later - to obtain your 32 hours of continuing education.)

The continuing education must be in victim assistance-related topics. Applicants are encouraged to seek continuing education in more advanced topics, including new developments or emerging issues in the field. Additionally, when you choose to upgrade your credential or change your Specialty, it is required that you include topics related to your Specialty area(s).

To be completed by credentialed advocate:

GENERAL TRAINING INFORMATION	
Trainee/Advocate’s Name:	
Trainer(s) Name(s):	
Trainer(s) Title(s):	
Title of Training:	
Topic(s) Covered:	
Location of Training:	
Date(s) of Training:	
Total Amount of Training:	_____ Hours _____ Minutes

To be completed by Trainer or Sponsor of Training Representative:

I certify that the above-named individual has successfully completed the training as described on this form.

TRAINER/TRAINER-SPONSOR REPRESENTATIVE: _____
(PRINT NAME)

SIGNATURE: _____ Date: _____