

Credit Reporting Form

MCEP ACCREDITING AGENCY

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 SACRAMENTO CA 95814-2933
 TEL: (916) 286-7980
 FAX: (916) 286-7985
 www.mcepaa.org

****NOTE NEW ADDRESS****

For office use only

This Form is used to report courses that are directly authorized for credit by law or BOP regulation rather than by a recognized accrediting agency. The purpose of this report is to integrate credit from all sources into one complete record for each psychologist. If you need further assistance with this report, call the accrediting agency at the number above.

Submit this form with a copy of an attendance certificate or letter of verification for each course listed (**do not send original certificates**). **The regulated \$35 filing fee must be enclosed in order for this report to be processed.** **Make checks payable to MCEP or fill out credit card authorization below. Mail or fax to the above address. Faxed reports must include a charge payment to be processed. **Do not both mail and fax information.**

Please allow 4 - 6 weeks for your form to be processed and at that time we will mail you an updated copy of your educational record.

Date:	Lic. #: PSY	Lic. Renewal Date:	
Last Name:		First Name:	
Phone:		Fax: (optional)	
Address:			
City:	State:	Zip:	
Email Address: (optional)			
Date	Independent Learning	Course Title	# of Credit Hours
	Yes / No		
	Yes / No		
	Yes / No		
	Yes / No		
	Yes / No		
	Yes / No		
	Yes / No		

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Visa, Master Card, American Express, Discover - **Credit Card #:** _____

Expiration Date: _____ **Verification Code:** _____

Signature: _____