MCEP ACCREDITING AGENCY **SACRAMENTO CA 95834-1955**

3835 North Freeway Blvd., Suite 240 TEL: (916) 286-7980

Mandatory Continuing Education for Psychologists (MCEP) **MCEP Credit Reporting Form**

FAX: (916) 286-7985

This Form is used to report courses that are directly authorized for MCEP credit by law or BOP regulation rather than by a recognized accrediting agency. The purpose of this report is to integrate MCEP 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 up to three weeks for your form to be processed and at that time we will mail you an undated conv of

your educational rec		Torm to be p	i ocesseu and	u at mat m	ne we win n	ian you an t	ipuated copy of
Date: Lic. #: PSY			Lic. Renewal Date:				
Last Name:			First Name:				
Phone:			Fax: (optional)				
Address:							
City:		State:			Zip:		
Email Address: (optional)						
Date Distance	e Learning		Course Ti	itle		# of C	redit Hours
Ye	s / No						
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**The regulated	d \$35 filing fee	must be e	enclosed i	n order	for this r	eport to l	be processed.
Credit Card # (Visa, Ma	aster Card, American Ex	press, Discover):					
Expiration Date:		Verific	ation Code: _				
Signature:						Form 07 BOP	15 (revised 11/1/2006)

^{**}NEW WEBSITE** www.mcepaa.org