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 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 Distance	Learning		Course T	itle		# of Credit Hours
Yes / No						
Yes / No						
Yes / No						
Yes / No						
Yes / No						
Yes / No						
Yes	/ No					
Yes	/ No					

## **\*\***The regulated \$35 filing fee must be enclosed in order for this report to be processed.

Credit Card # (Visa, Master Card, American Express, Discover):\_\_\_\_

Expiration Date: \_\_\_\_\_

Verification Code:

Signature: \_\_\_\_\_

Form 07 BOP 15 (revised 11/1/2006)