Application for Education Credit  
VCCA Career Development Program  

When Used: Use only to apply for contact hour credit for coursework that has been pre-accredited by the Compensation Board. Submit this Application when the Education Provider does not provide a transcript or Certificate of Completion.

Name the Applicant you are requesting Contact Hour Credit for:

Last  First  MI

Location  Telephone (include area code)  Email Address

Course

Date Completed  Course Location

1. The above-named applicant attended a total of ___________ (hrs/min) of the above-named course at the above address on the above date.

2. The course had written instructional materials to cover the subject and the applicant received a copy of these materials.

3. The applicant was given opportunity to participate in discussions with other attendees and/or the presenter.

4. I understand that a materially false statement shall be subject to disqualification from some or all credit for this course.

________________________________________  ________________________
Signature of Clerk  Date

Questions? Call or e-mail Ashby Pritchett @ (276) 403-5106 or apritchett@vacourts.gov

Mail or Fax Form to:  
VCCA Certification Review Committee  
Mail: P.O. Box 1206, Martinsville, VA 24114.  Fax No.: (276) 403-5232

(Education Credit Form 3/20)