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@courts.state.va.us

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 3/17)