

MCEP ACCREDITING AGENCY
 3835 North Freeway Blvd., Suite 240
 SACRAMENTO CA 95834-1955
 TEL: (916) 286-7980
 FAX: (916) 286-7985

Mandatory Continuing Education for Psychologists (MCEP)

MCEP Credit Reporting Form

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.

Date:	Lic. #: PSY	Lic. Renewal Date:
Last Name:	First Name:	
Phone:	Fax:	
Address:		
City:	State:	Zip:

Email Address: (optional)

Date	Distance Learning	Course Title	# of Credit Hours
	Yes / No		
	Yes / No		
	Yes / No		
	Yes / No		
	Yes / No		
	Yes / No		
	Yes / No		
	Yes / No		
	Yes / No		
	Yes / No		

A copy of an attendance certificate or letter of verification must be submitted for each course listed. **Please do not send original certificates.** Licensee must retain proof of attendance in the event the Board of Psychology requests verification. If more room is needed to list courses, please attach additional copies of this form.

*Make checks payable to MCEP in the amount of \$35 and mail to the above address. You may also pay by Credit Card. **Faxed reports must include a charge payment to be processed. Please do not both mail and fax information. We will mail you an updated copy of your educational record when the form is processed.**

Credit Card #: _____ Expiration Date: _____

Signature: _____

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