

# EDUCATION REVIEW FORM FOR INTIAL CERTIFICATION ONLY

I would like my education reviewed for the following PCB credential(s):

- | COUNSELOR                      | PREVENTION                   | CLINICAL SUPERVISOR          | OTHER                         |
|--------------------------------|------------------------------|------------------------------|-------------------------------|
| <input type="checkbox"/> AAC   | <input type="checkbox"/> APS | <input type="checkbox"/> CCS | <input type="checkbox"/> CAAP |
| <input type="checkbox"/> CAAC  | <input type="checkbox"/> CPS |                              | <input type="checkbox"/> CIP  |
| <input type="checkbox"/> CADC  |                              |                              | <input type="checkbox"/> CRS  |
| <input type="checkbox"/> CAADC |                              |                              | <input type="checkbox"/> CFRS |

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

Name: \_\_\_\_\_

Email: \_\_\_\_\_

*An email address is required for the education review. This ensures there is documentation for PCB and the applicant.*

Documents to be reviewed include: a listing of certificates of attendance, and unofficial transcripts. Individual certificates of attendance will not be reviewed. Instead, a listing of individual trainings that include the title and number of hours should be included with this form.

**This review does not replace the requirement to submit documentation of education with your application.**

Education Review Form and applicable documentation can be emailed to [info@pacertboard.org](mailto:info@pacertboard.org) or faxed to 717-540-4458.

Please allow 2-10 business days for review. A PCB staff member will email you at the address provided with the results of the review. All education reviews will be done by email only.