





**Professional Practice Program Credit Course Approval Form**

Course Outline (can also attach as a separate document)

Session Focus	NOCP Area	Session Length

I declare that this course description is accurate; that I take responsibility to ensure it is delivered as described and that the course may be audited at any time by SCoP.

Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_

Service Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Note:**

- 1) Credits are based on time of the session, 2 credits will be awarded per hour of education.
- 2) 20 credits are required per year. Mandatory mental health credits will be a minimum of 2 credits.
- 3) A minimum of 10 credits per year must come from NOCP 4, 5, or 6.

NOCP Area
NOCP 1 – Professional Responsibilities
NOCP 2 – Communication
NOCP 3 – Health and Safety
NOCP 4 – Assessment and Diagnostics
NOCP 5 – Therapeutics
NOCP 6 – Integration
NOCP 7 – Transportation
NOCP 8 – Health Promotion and Public Safety