



NCEA CERTIFIED PROFESSIONAL
Publication Authorization

NCEA CERTIFIED PROFESSIONAL NAME: [ ]

SECTION 1:

I authorize NCEA, NCEA Certified, and Commission on Accreditation to publish my photo name/city/state/email/web/quote below in advertisements, websites, social media outlets, press releases, eNewsletters, articles, brochures, banners, etc.

Form with fields: Name, Company Name (For Tagging), City and State, Email Address, Company Website

SECTION 2:

Please provide a 50-word quote of your achievement if you have not already (Print clearly)

Four horizontal lines for providing a 50-word quote

SECTION 3:

Want to send us a 15-30 second (max) video. Email your video to info@NCEACertified.org and we will post it and tag you!

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CERT. ID NO.: \_\_\_\_\_ CERT. EXP. DATE: \_\_\_\_\_