

Application for Program Approval

Continuing Education Contact Hours

Revised 2/08

North Dakota Board Of Addiction Counseling Examiners

PO Box 975 – Bismarck, ND 58502-0975

701-255-1439 Fax 701-224-9824

www.ndbace.org

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PLEASE TYPE OR PRINT CLEARLY. COMPLETE ALL INFORMATION.			
Program Name			
Location of Program			
Sponsoring Organization			
Program Contact Person		Phone Number	
Address	City	State	Zip
Email			

Date of Program	
Time of Presentation (Program Schedule must be attached) Begin:	End:
Target Group (Example: Addiction Counselors; Social Workers; etc.)	
Number of addiction counselors expected to attend	
Addiction Counseling Objectives (In one concise statement, outline the objectives of the training as they relate to addiction counseling.)	
Instructional Methods (List all methods; example: film strip and lecture.)	
Evaluation - how evaluated (Indicate how the program objective will be measured, example: written test.)	
How will attendance be monitored? (Note: standards require monitors to validate attendance at the complete training seminar.)	
\$35 process fee must be attached	Check Number
Signature	Title Date

NOTE: PROGRAM MUST CONTAIN A COURSE OUTLINE AND LEARNING OBJECTIVES. COPIES OF THE EVALUATION INSTRUMENTS ARE ALSO REQUIRED. CONTACT THE BOARD OFFICE IF THIS PROGRAM IS OFFERED MORE THAN ONE TIME.

RETURN COMPLETED FORM TO NDBACE.

DO NOT WRITE IN THIS BOX				
THE ABOVE PROGRAM IS	IS NOT	APPROVED FOR	CONTACT HOURS	PROGRAM #
CONTINUING EDUCATION MONITOR			DATE	