



**NOTICE:**

All NDBACE files are subject to the North Dakota Open Records Law

**RETURN FORM TO:**

North Dakota Board of Addiction Counseling Examiners  
1601 N 12<sup>th</sup> St Suite 609  
Bismarck, ND 58501  
board@ndbace.org

## Approved Program Application

---

An approved program is a single program/presentation that can be presented an unlimited number of times each year for a \$50/year fee. Continuing education must be related to the practice of addiction counseling, behavioral mental health, or best practice techniques. It must have the potential to increase the licensee’s proficiency in addiction counseling.

**Non-acceptable continuing education topics include (but are not limited to):**

- Those contrary to the NAADAC code of ethics (i.e., non-evidence-based treatments)
- Marketing, business, personal enrichment, time management, technology enhancement, staff orientation, agency, or other meetings regarding procedural issues
- CPR classes
- Computer-related workshops

Continuing education opportunities should relate to supervision specifically as it relates to clinical duties, rather than general management, if they are to be used for **Clinical Supervision** hours.

**A completed applications must also include your \$50 processing fee payment by check or money order made payable to NDBACE. Incomplete applications will not be processed.**

### ***Continuing Education Contact Hours***

PLEASE TYPE OR PRINT CLEARLY AND COMPLETE ALL INFORMATION

1. Program Name:
2. Learning objectives:
3. How will the learning objectives/outcomes be assessed?
4. Name, credentials, and a brief biography of the presenter:
5. Sponsors*:
6. Date(s) of training:

7. Number of contact hours requested**:		
8. Number of contact hours requested for Clinical Supervision:		
9. Is this a distance learning program?	Yes	No
10. Please include a brochure or other documentation advertising the program.		
I am requesting approval for a conference that I have attended (no fee)		License Number # _____
I am requesting approval for a conference or program that I am coordinating or sponsoring and would like to offer CEU's for all licensed addiction counselors attending (\$50 fee)		
Your name:		
Address:		
Phone:	Email:	
Signature:	Date:	
* This form is not needed for CE programs sponsored or approved by NAADAC, or educational, and national or state health organizations or NDBACE "approved providers." A list of NDBACE approved providers can be found on our website at <a href="http://www.ndbace.org/continuing-education">http://www.ndbace.org/continuing-education</a>		
** This excludes time devoted to registration, introductions, breaks, meals without a speaker, and wrap-up/evaluation.		

<b>DO NOT WRITE IN THIS BOX</b>		
The above program <input type="checkbox"/> is <input type="checkbox"/> is not approved for	Contact Hours	Program #
Continuing Education Monitor:	Date	