

**NOTICE:**

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

**RETURN FORM TO:**

North Dakota Board of Addiction Counseling Examiners  
402 E MAIN AVE, Ste #5, Bismarck, ND 58501-4091  
*Or email an electronic copy to [board@ndbace.org](mailto:board@ndbace.org)*

## Approved Program Application

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### Approved Program Application Instructions

An approved program can be presented an unlimited number of times each year for a \$35/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 code of ethics
- Marketing, business, personal enrichment, time management, supervisory sessions, 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.

**Completed applications must also include your \$35 processing fee payment by check or money order made payable to NDBACE.**

# Approved Program Application

## Continuing Education Contact Hours

PLEASE TYPE OR PRINT CLEARLY AND COMPLETE ALL INFORMATION

|  |        |    |
|--|--------|----|
| 1. Program Name  |        |    |
| 2. Learning objectives   |        |    |
| 3. Name and credentials of presenter   |        |    |
| 4. Sponsors*:  |        |    |
| 5. Date(s) of training   |        |    |
| 6. Number of contact hours requested**:  |        |    |
| 7. Number of contact hours requested for Clinical Supervision:   |        |    |
| 8. Is this a distance learning program?  | Yes    | No |
| 9. Please include a brochure or other documentation that includes:   |        |    |
| a. Dates of training   |        |    |
| b. Time schedule for each day that includes agenda and subtopics   |        |    |
| c. Brief biography of each presenter   |        |    |
| d. Location of presentation  |        |    |
| e. Sponsor's contact information   |        |    |
| <input type="checkbox"/> I am requesting approval for a conference that I have attended (no fee)      LAC # _____  |        |    |
| <input type="checkbox"/> 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 (\$35.00 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   |