

Check Off Each Section As Completed.



Training Approval Request

CONTACT PERSON: _____
 ORGANIZATION: _____
 ADDRESS: _____
 PHONE: _____ FAX: _____ EMAIL: _____

TITLE: _____
 DATE(S): _____

Will This Be Recurring Training? No Yes
(If YES, notification of training dates must be submitted within two (2) weeks prior to training date.)

LOCATION(S): _____
 SPONSOR(S): _____
 PRESENTER(S): (Résumés **must** be attached) _____

BRIEF BUT THOROUGH DESCRIPTION OF TRAINING AS IT RELATED TO **SUBSTANCE ABUSE** (Substance abuse specific training is education which directly addresses content focused upon alcohol and other drugs and the substance abusing population and is provided for substance abuse professionals by one whose expertise is in the field of alcohol and other drugs.) *[Requested # of Substance Abuse Specific Hours _____] If HIV/Ethics is PART of course curriculum, please designate hours of HIV _____ Ethics _____.*

(Continue on reverse side if more space is needed.)

BRIEF BUT THOROUGH DESCRIPTION OF TRAINING AS IT RELATED TO **GENERAL PROFESSIONAL SKILL BUILDING** (General skill building training is any training provided to enhance the professional skills of the participants and is provided by a competent professional in the area of the training.) *[Requested # of General Skill Building Hours _____]*

(Continue on reverse side if more space is needed.)

(COMBINATION TRAININGS — PLEASE PROVIDE SPECIFIC BREAKOUT AGENDA.)

TOTAL # OF CREDIT HOURS REQUESTED _____ (Agenda/Breakout of hours and outline **must be attached**.) (It is suggested that breaks be scheduled, otherwise the Training Committee will subtract 15 minutes for each two (2) hours of training; for college courses give semester/quarter hours.)

Hours applied for as: SS, GSB, CSS, Mgmt, Combination (circle as appropriate)

Attach Review Fee: _____ 1–10 hours = \$25; 11–20 hours = \$50; 21–30 hours = \$75; 31–40 = \$100; 41–50 = \$125; 51–100 = \$150; 100–above = Special Review

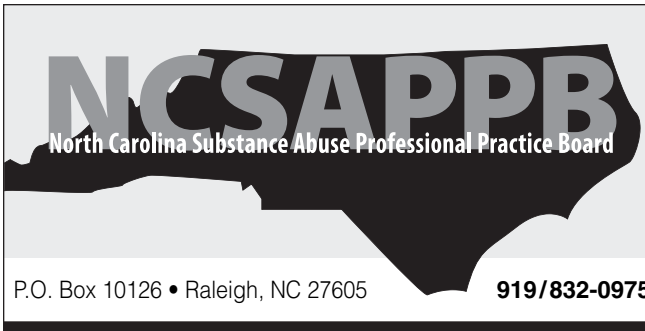
<p>FOR BOARD USE ONLY: TRAINING EVENT APPROVAL # _____</p>

HOURS APPROVED AS FOLLOWS:

Substance Abuse Specific ("SS") _____
 General Skill Building ("GSB") _____
 Clinical Supervision: ("CSS") _____
 Residential Facility Director: (Mgmt.) _____
 Combination ("C") _____

NORTH CAROLINA SUBSTANCE ABUSE PROFESSIONAL PRACTICE BOARD
 P.O. Box 10126 • Raleigh, NC 27605 • 919/832-0975

NOTE: APPROVAL OF HOURS DOES NOT IMPLY NCSAPPB ENDORSEMENT OF EVENT



North Carolina Substance Abuse Professional Practice Board

Self-Study Approval Request

Check Off Each Section As Completed.

Self-Study Approval Request

CONTACT PERSON: _____
 ORGANIZATION: _____
 ADDRESS: _____

 PHONE: _____ FAX: _____ EMAIL: _____

TITLE: _____
 (Attached materials)

AUTHOR(S): _____
 (Résumés must be attached)

LEARNER OBJECTIVES: _____

COURSE CONTENT: Attach or enclose all materials including applicable text(s)

TOTAL # OF RENEWAL HOURS REQUESTED _____

MECHANISM FOR EVALUATION: Attach relevant materials

Attach Review Fee: \$ _____ \$150 Review

<p>FOR BOARD USE ONLY:</p> <p>TRAINING EVENT APPROVAL</p> <p># _____</p>
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HOURS APPROVED AS FOLLOWS:
 Substance Abuse Specific (SS) _____
 General Skill Building (GSB) _____

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