



# KENTUCKY BOARD OF ALCOHOL AND DRUG COUNSELORS

P.O. Box 1360, Frankfort, Kentucky 40602 ~ 911 Leawood Drive, Frankfort, Kentucky 40601

Phone (502) 782-8814 ~ <http://adc.ky.gov>

## CONTINUING EDUCATION PROGRAM APPLICATION

### INFORMATION SHEET / CHECKLIST

The Kentucky Board of Alcohol and Drug Counselors and its Continuing Education Committee will use the following criteria in approving any program for continuing education credit. Please be sure that all of these criteria are addressed in your application form or its attachments.

1. The program has a clearly stated purpose and defined content area consistent with the overall goals of continuing education, namely, improvement of professional competency, acquisition of new skills and knowledge and strengthening habits of critical inquiry and balanced judgment.
2. The presenters must be professionals qualified in the defined content area.
3. The program's time must be clearly stated in number of hours of attendance.
4. The number of hours requested for approval must be indicated on the form.
5. Attendance must be recorded by the program sponsor.
6. Documentation of completion must be provided to the participant.
7. Participants must be required to complete an evaluation of the program.
8. The program provider should send a program syllabus, sample evaluation form, program outline, vitae of presenters, and a copy of the certificate for participants with the application form.

### APPLICATION INSTRUCTIONS

1. This application is to be used with Microsoft Word.
2. Press the TAB key to skip to the next field.
3. Please attach the application fee and make all checks payable to the Kentucky State Treasurer. DO NOT SEND CASH.
4. The completed application may be submitted to the Kentucky Board of Certification for Alcohol and Drug Counselors either by mail to P.O. Box 1360, Frankfort, Kentucky 40602 or by delivery to 911 Leawood Drive, Frankfort, Kentucky 40601.
5. Sponsor shall be required to notify the board of substantial changes to pre-approved programs.
6. Please add additional sheets as necessary.

### FEE SCHEDULE

**\$ 50.00 Single Program Provider – Approval for a single workshop – May be an Individual or a Sponsor**

**\$250.00 Sponsor Provider – Sponsor providing a program of courses**

**\$150.00 Sponsor Provider Renewal – Sponsors who have been previously approved and wish to renew prior approval per 201 KAR 35:040**

**CONTINUING EDUCATION PROGRAM APPROVAL**

Reference 201 KAR 35:040

- \$ 50 Single Program Provider Fee**
- \$250 Sponsor Provider Fee**
- \$150 Sponsor Renewal Fee**

Sponsor's Name: \_\_\_\_\_

Sponsor's Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Sponsor's Telephone Number: \_\_\_\_\_

Title of Program: \_\_\_\_\_

Instructor(s): \_\_\_\_\_

Location of Program: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Number of Hours Requested for Approval: \_\_\_\_\_

**EDUCATIONAL OBJECTIVES:** Briefly describe ways that your program would contribute to one or more of the following definitions of "continuing education": a) improvement for the license or certificate holder's personal knowledge; b) acquisition of new skills and knowledge that would help maintain competence; or c) strengthening of the habits of critical inquiry and balance judgment.

What is the specific educational objectives of your program: \_\_\_\_\_

Content, activities, and materials: \_\_\_\_\_

**Evaluation Procedures (Attach a copy of evaluation form to be used)**

Intended Audience: \_\_\_\_\_

Intended Number of Participants: \_\_\_\_\_

**FOR BOARD USE ONLY**

Date: \_\_\_\_\_

Approved: \_\_\_\_\_

Deferred: \_\_\_\_\_

Denied: \_\_\_\_\_