

**APPLICATION & INSTRUCTIONS
FOR
PROVIDERS OF CONTINUING EDUCATION FOR
ADDICTION PROFESSIONALS**



NAADAC Approved Education Provider System

NAADAC, the Association for Addiction Professionals

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Alexandria, VA 22314

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www.naadac.org



naadac.org

Information and Application Instructions for NAADAC Approved Education Provider Program



INTRODUCTION:

Thank you for applying to become a NAADAC Approved Education Provider. The NAADAC Approved Education Provider emblem signifies that an organization, government agency or educational institution has voluntarily opened its educational programs to examination by an independent body. The NAADAC Approved Academic Education Provider program ensures that state, national and international certification standards of all participating programs are scrutinized and approved by the National Certification Commission (NCC).

This rigorous review process ensures that participants receive a consistent, reliable and quality learning experience that is applicable to their careers and advances their understanding of addiction-related issues.

Continuing education programs approved by NAADAC, the Association for Addiction Professionals, are accepted by the National Certification Commission (NCC) for initial applicants or for those re-certifying for the NCAC I, NCAC II or the MAC. There are over 8,600 NCAC and MAC professionals throughout the U.S. and abroad. In addition, many states automatically accept training hours from NAADAC Approved Education Providers towards state certification and re-certification.

Your status as a NAADAC Approved Education Provider offers other benefits as well:

- Free listing in each issue of *Addiction Professional*, NAADAC's bi-monthly magazine. In addition to reaching all 10,000 NAADAC members, the magazine distribution includes an additional 30,000 professionals.
- A free 100-word listing in the annual *Approved Education Providers Directory*.
- Added prestige, recognition and promotion from an affiliation with a national source of continuing education.
- Ten percent discounts on organizational membership and on exhibit booth space at NAADAC's conference.
- A free link from NAADAC's web site to your homepage.

TRAINING REQUIREMENTS:

Training content must be relevant to the work of addiction professionals. Potential providers are required to demonstrate how the course or courses relate to alcohol/drug counseling, prevention, treatment and after care. This will be accomplished by submitting a description, goals, objectives and an outline of the course content. Courses must be in one of the following areas:

- Theoretical content related to scientific knowledge and/or or the application of scientific knowledge to practice in the profession of addiction counseling and/or mental health.
- Content related to direct and indirect patient/client care. Examples include group and individual counseling, family dynamics and counseling, mental health diagnoses, co-occurring disorders, HIV/AIDS/Hepatitis C, case management, documentation, ethics or any other relevant material.
- Content related to administration, management, education, research, working within managed care systems, developing a private practice or other functional areas of addiction practice relating to indirect patient/client contact.

Examples of content that would not be acceptable include:

- Parenting or other programs that are designed for lay people.
- Liberal arts courses in music, art, philosophy and others unrelated to the practice of addiction counseling.
- Orientation programs designed to familiarize employees with the policies and procedures of an institution.

All educational events must meet the following standards:

- Training content must be current and designed to include recent developments in the subject of instruction. Independent study courses must be updated regularly. Upon renewal of your provider status, you will be required to submit documentation that educational offerings have been updated.
- Instructional objectives are to be stated in behavioral terms. The objectives must denote measurable attributes observable in the student completing the program. The objectives are to explain what proficiency the continuing education program participants should be able to demonstrate. Instructor's goals are NOT behavioral objectives. For example: "To introduce the student to the community health system" is a goal of the instructor, not an instructional objective. An example of a behavioral objective is "Upon completion of this program, the counselor will be able to:
 - explain the role of community education related to the effects of drug usage;
 - assess the drug knowledge status of county employee groups;
 - identify and evaluate the drug and alcohol education needs within the county system."
- Independent study courses must include an exam to evaluate students' completion of the course and learning objectives.

CALCULATING CONTINUING EDUCATION HOURS:

The following standards for continuing education hours must be applied to approved education and training events. Each hour of approved continuing education must be measured on one of the following basis:

1. Each hour of theory shall be accepted as one (1) continuing education hour (CEH).
2. One (1) contact hour of continuing education is equal to one (1) continuing education hour (CEH).
3. One (1) continuing education unit (CEU) is equal to ten (10) continuing education hours (CEHs).
4. One (1) academic quarter unit is equal to ten (10) continuing education hours (CEHs).
5. One (1) academic semester hour is equal to fifteen (15) continuing education hours (CEHs).

INSTRUCTIONS:

The following information provides detailed instructions for the application process. Please read this information carefully, and answer each question of the application in its entirety. It is preferred for you to type your answers; if unavailable, please write legibly.

CONTACT INFORMATION:

This section identifies the individual or organization that is applying for education and training provider status. When an organization is applying for approval, one staff member must be designated as the Continuing Education Director. This person will be the key contact between your organization and NAADAC. They will also be responsible for reviewing and approving educational trainings.

CATEGORY OF PROVIDER:

This section identifies the classification of the applicant. “Organization/Corporation” refers to a business, not-for-profit organization, for-profit organization, medical facilities or other non-corporate entities. “Private Practitioner” refers to one individual that is independent from an organization or corporation who wishes to become an approved provider. “Government Agency” is a state or federally funded institution (this excludes grant funded agencies). “Distance Learning Organization” refers to a business, not-for-profit organization, for-profit organization, medical facility or other entity that offers continuing education via the Internet or home study courses. “Academic Education Provider” refers to a college or university.

TYPE OF APPLICATION OPTIONS AND ELIGIBILITY:

NAADAC offers three (3) options to organizations and individual trainers:

- **OPTION 1:** Approval of unlimited training for a period of two (2) years.
Description: This option applies to organizations, educational institutions or individuals who are experienced training providers and offer three (3) or more workshops/conferences/courses/independent study programs per two-year period. This includes a single program that will be presented multiple times. The fee for this level of approval is \$400 for two (2) years, \$200 of which is a non-refundable processing fee.
- **OPTION 2:** Provisional Provider Status
Description: This option is designed for individuals or organizations that have never offered educational trainings previously. Examples of eligible programs would be those that are just initiating training as part of their organizational mission or more established programs that have not previously collected participant evaluation forms. This status is granted for a one-year period. During this year, two (2) events will be audited. At the end of the year, the provisional provider must submit a report on the events offered during the previous 12 months. The form for this brief annual report will be sent to providers once they are approved. Submission of this report and successful completion of both audits will allow you or your organization to apply for permanent status via either Option 1 or 3. The fee for this level of approval is \$200 for one (1) year, \$100 of which is a non-refundable processing fee.
- **OPTION 3:** Approval for a single training event
Description: This option applies to organizations, educational institutions or individuals who are experienced training providers and are offering only one (or are requesting approval for only one) training event; for example, an organization's annual conference. An independent study course is not considered a single training event. The approval status is only active for three (3) months after the event date to allow for issuing or reissuing of certificates. The fee for this level of approval is \$100, all of which is a non-refundable processing fee.

PAYMENT METHOD:

The appropriate application fee must be submitted in full with the application. If payment is omitted, your application is incomplete and will not be considered for approval.

If your application is not approved, the application fee will be refunded within 30 days of the decision, minus the corresponding processing fee. Please allow three (3) to four (4) weeks for application decision.

QUESTIONS:

Any questions concerning the NAADAC Approved Education Provider Program should be directed to Shirley Beckett Mikell at 800.548.0497 or sbeckettmikell@naadac.org. Or visit NAADAC's website at www.naadac.org.



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APPLICATION FOR NAADAC APPROVED EDUCATION AND TRAINING PROVIDER PROGRAM



Please read the accompanying Application Instructions carefully and then complete the entire application. If additional space is needed, use additional sheets properly marked with the corresponding section of the application.

DATE: _____

CONTACT INFORMATION

NAME OF ORGANIZATION/INDIVIDUAL: _____

NAME OF CONTINUING EDUCATION DIRECTOR: _____
(Unless otherwise designated, this individual will serve as NAADAC's contact)

ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE (DAY): _____ FAX: _____

DIRECTOR OF ORGANIZATION, IF DIFFERENT FROM ABOVE: _____

WEBSITE ADDRESS: _____

EMAIL ADDRESS OF CONTINUING EDUCATION DIRECTOR: _____

CATEGORY OF PROVIDER *(please check all that apply and see application instructions for details)*

Organization/Corporation Private Practitioner Government Agency
 Distance Learning Academic Education Provider

TYPE OF APPLICATION

\$400 fee for two years of unlimited training *(Please see instructions for eligibility criteria)*
Note: \$200 non-refundable processing fee
 \$200 fee for one-year Provisional Status *(Please see instructions for eligibility criteria)*
Note: \$100 non-refundable processing fee
 \$100 fee for a one-time workshop/conference *(Please see instructions for eligibility criteria)*
Note: fee is non-refundable

PAYMENT METHOD

Check enclosed (make check payable to NAADAC)
 Charge my credit card:
 Visa MasterCard Amex
Card Number _____
Expiration date ____/____/____
Signature _____

<u>Administrative Use Only</u>
Date Received ____/____/____
Provider Number _____
Expiration Date ____/____/____
Not Approved _____

I certify under penalty of perjury under the laws of the State/Country of _____ that the information in this application is true and correct, and I have read and understand the NAADAC Application.

Signature _____ Date _____

Return to: 1001 N Fairfax St, Ste 201, Alexandria, VA 22314



Checklist for Necessary Application Attachments



OPTION 1: Unlimited Training

___ Complete “*Form A: Strategies, Goals, and Objectives*” for yourself or your organization seeking approval.

___ Complete “*Form B: Previously Offered Program*” for two (2) previously offered training workshops/conferences/courses/independent study programs, including outlines, brochures, goals and objectives and biographical sketches for each. These programs must have been presented within the last five (5) years. For internet-based courses, an access code must be provided so that on-line content may be reviewed.

___ Completed participant evaluation forms or an evaluation summary for the above programs. A sample evaluation form is not sufficient.

___ Complete “*Form C: Pending Program*” for two (2) pending workshops/conferences/courses/independent study programs, including outlines, brochures, goals and objectives and biographical sketches for each pending event. At least one program must be submitted with your application (draft brochures are acceptable).

___ If applying as a Private Practitioner, you must submit three (3) “*Form D: References*” which have been completed by individuals from organizations who have employed you to make a Continuing Education presentation for them and have witnessed this presentation. Once the reference evaluation forms have been completed and returned to you, please submit them, unopened, with your application.

OPTION 2: Provisional Status

___ Complete “*Form A: Strategies, Goals, and Objectives*” for yourself or your organization seeking approval.

___ Complete “*Form C: Pending Program*” for two (2) pending workshops/conferences/courses/independent study programs, including outlines, brochures, goals and objectives and biographical sketches for each pending event. At least one program must be submitted with your application (draft brochures are acceptable).

___ If applying as a Private Practitioner, you must submit three (3) “*Form D: References*” which have been completed by individuals from organizations who have employed you to make a Continuing Education presentation for them and have witnessed this presentation. Once the reference evaluation forms have been completed and returned to you, please submit them, unopened, with your application.

OPTION 3: One-Time Event Approval

___ Complete “*Form A: Strategies, Goals, and Objectives*” for yourself or your organization seeking approval.

___ Complete “*Form B: Previously Offered Program*” for one (1) previously offered training workshop/conference/course/independent study program, including outlines, brochures, goals and objectives and biographical sketches for the event. This program must have been presented within the last five (5) years. For internet-based courses, an access code must be provided so that on-line content may be reviewed.

___ Completed participant evaluation forms or an evaluation summary for the above program. A sample evaluation form is not sufficient.

___ Complete “*Form C: Pending Program*” for the pending workshops/conferences/courses/independent study programs you wish to have approved, including outlines, brochures, goals and objectives and biographical sketches for the pending event. At least one program must be submitted with your application (draft brochures are acceptable).

___ If applying as a Private Practitioner, you must submit three (3) “*Form D: References*” which have been completed by individuals from organizations who have employed you to make a Continuing Education presentation for them and have witnessed this presentation. Once the reference evaluation forms have been completed and returned to you, please submit them, unopened, with your application.



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Form B: Previously Offered Program

Title of Activity: _____ **Date:** _____

Presenter: _____

Target Audience: _____

Counselor skill group(s) targeted: _____

Number of participants: _____

Number of participants who are alcoholism and drug abuse counselors: _____

Number of Continuing Education Hours (CEHs) awarded for this event: _____

Brief Outline of the Training:

Learning Objectives:

Evaluation Procedures:

*****Attach a copy of the brochure/announcement used to advertise this activity, as well as a copy of the Training Materials or Trainers Manual**



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Form C: Pending Program



Title of Activity: _____ **Date:** _____

Presenter: _____

Target Audience: _____

Counselor skill group(s) targeted: _____

Number of participants: _____

Number of participants who are alcoholism and drug abuse counselors: _____

Number of Continuing Education Hours (CEHs) to be awarded for this event (for assistance with calculation, see page 3 of the application instructions): _____

Brief Outline of the Training:

Learning Objectives:

Evaluation Procedures:

*****Attach a copy of the brochure/announcement used to advertise this activity, as well as a copy of the Training Materials or Trainers Manual**



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Form D: References

Applicant's Name: _____

The person named is applying to NAADAC to become an approved provider of continuing education activities. Your assessment of the applicant's characteristics will enable the board to evaluate whether or not the applicant meets its standards. (Question #1 applies to the individual completing this form.)

1. Reference's Name: _____

Profession: _____

Degree(s): _____

Business Address: _____

City/State/ZIP: _____

Position Title: _____ **Daytime Phone:** _____

2. Please rate the applicant compared to other individuals who have made educational presentations to the members of your organization. Please rate the applicant in each area listed below, using the following scale:

1-poor 2-below average 3-average 4-above average 5-excellent

a. Individual's subject knowledge & expertise	1	2	3	4	5
b. Ability to present up-to-date information	1	2	3	4	5
c. Ability to present material in a clear, orderly manner	1	2	3	4	5
d. Ability to gear material to a level appropriate to audience	1	2	3	4	5
e. Ability to respond to questions/needs of audience	1	2	3	4	5
f. Ability to maintain interest level of audience	1	2	3	4	5
g. Ethical conduct	1	2	3	4	5
h. Ability to handle business affairs in a profession manner	1	2	3	4	5

3. Would you contract with this individual to present future programs to your organization/ staff members? Yes No **If "no," please explain:**

4. RECOMMENDATION: I recommend this applicant for approval as a NAADAC provider of continuing education activities: Yes No

5. Additional Comments:

The above information is based upon my best judgment. I am willing to answer additional questions concerning this evaluation if requested.

Signature of Reference: _____ **Date:** _____

*****AFTER COMPLETING THIS REFERENCE FORM, PLEASE ENCLOSE IT IN A SEALED ENVELOPE, SIGN THE SEALED FLAP AND RETURN IT TO THE APPLICANT.*****