



NAADAC
THE ASSOCIATION FOR
ADDICTION PROFESSIONALS
www.naadac.org

NAADAC TRAINER'S ACADEMY APPLICATION

Name: _____

Address: _____

NAADAC Member ID # _____ (You MUST be a member to apply)

Business Telephone: _____ Home Telephone: _____

Fax: _____ Mobile Telephone: _____

E-mail address: _____

Business address: _____

Please list the titles of training events which you have presented. Please attach additional pages if necessary.

Please state the reason why you wish to be a trainer in the NAADAC Trainer's Academy.

Please submit the following

1. Copy of resume or curriculum vitae
2. Copy of transcript from and accredited university
3. Copy of cumulative evaluations from trainings you have conducted
4. Three letters of reference from individuals or organizations who you have worked as a trainer. Also include contact information, name, address, telephone, e-mail for each reference
5. A list of training events you wish to conduct if different from list above
6. Description of a training event you have conducted including goals and objectives or a training of trainers certificate

Please circle the areas in which you have training experience:

Basic Training

- Case Management
- Ethics/Confidentiality/
HIPAA Compliance
- Pharmacological
Interventions
- Assessment/Treatment
Planning
- Prevention and Early
Intervention
- After Care/Continual Care
- Cultural Sensitivity
- Co-Occurring Disorders
- ASAM/DSM IV –R
- Seclusion and Restraint
- Children and Families
- Homelessness
- Aging
- HIV/AIDS and Hepatitis
- Gambling

Advanced Training

- Clinical Supervision
- Disaster Response/PTSD
- Business Management for
supervisors
- Cultural Sensitivity
- Co-Occurring Disorders
- ASAM/DSM IV –R
- Homelessness
- Aging
- HIV/AIDS and Hepatitis
- Criminal Justice, mandated
treatment
- Adolescent Treatment
Approaches
- Buprenorphine and Opiate
Replacement Therapy
- Risk Management
- Gambling
- Cyber Dependence
- Tobacco Cessation
- Eating Disorders

Payment Information

There is a \$50 Application fee.

Check enclosed, made payable to NAADAC

Charge my: Mastercard Visa Amex Exp. Date _____

Card Number _____

Signature _____

Print Name Exactly as it Appears on Card _____

Agreement

I understand by submission of this application, my acceptance as a NAADAC Trainer is not guaranteed.

I attest that all information submitted as part of this application is true.

Should I be chosen as a trainer for NAADAC, I agree to use the materials provided by NAADAC as instructed.

Should I contract for the use of any materials I have developed I understand that NAADAC will have rights to its use until or unless the contract is voided.

Signature of Applicant

Date