

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



NAADAC Approved Education Provider System

NAADAC, The Association for Addiction Professionals
901 N. Washington Street, Suite 600
Alexandria, VA 22314
1.800.548.0497 Fax: 1.800.377.1136
www.naadac.org



naadac.org

Information and Renewal Application Instructions for NAADAC Approved Education Provider Program



INTRODUCTION:

Thank you for renewing your NAADAC Approved Education Providership. 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 11,000 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.
- 10% 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/HepC, 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 renewal application process. Please read this information carefully, and answer each question of the renewal application in its entirety. It is preferred for you to type your answers, but 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 two (2) 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:*** 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 review and 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:

If you have any questions concerning the NAADAC Approved Education Provider Program, please contact Shirley Beckett Mikell at 800.548.0497, ext. 105, email sbeckettmikell@naadac.org, or visit NAADAC's website at www.naadac.org.



RENEWAL APPLICATION FOR NAADAC APPROVED EDUCATION PROGRAM



naadac.org

Thank you for continuing your status as a NAADAC Approved Education Provider. The requirements for renewal are similar to those which you have met in the past and are outlined on the Checklist for Necessary Application Attachments. Please read the accompanying Renewal 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

\$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 _____

Administrative Use Only

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 _____



naadac.org

Checklist for Necessary Application Attachments



____ Proof of current state provider number approval (if applicable). This item is not applicable for those who reside in states where the state does not approve educational programs.

____ Complete “*Form A: Previously Offered Program*” for two (2) previously offered training workshops/conferences/courses/independent study programs, including outlines, brochures, learning objectives and evaluation procedures for each. These programs must have been presented within the last twelve (12) months. One of the previously offered programs must have been approved by the state organization in the state where the individual, association and/or company resides, if applicable. (This item is not applicable for those who reside in states where the state does not approve educational programs.) For internet-based courses, an access username and password must be provided so that online content may be reviewed.

____ Copies of completed participant evaluation forms or an evaluation summary for the above programs. A sample evaluation form is not sufficient.

____ Complete “*Form B: Pending Program*” for a minimum of two (2) pending workshops/conferences/courses/independent study programs that will be offered during the next twelve (12) months, including outlines, brochures, learning objectives and evaluation procedures for each pending program. NOTE: Applicants are only required to submit information concerning a minimum of two (2) pending programs for providership approval. However, if the applicant wishes to have other programs approved under this providership, the applicant must submit a “*Form B: Pending Program*” for each program seeking approval. If the applicant does not submit a “*Form B: Pending Program*” for a specific program, that program is not considered “NAADAC Approved.” If a Provider wishes to add additional programs to its Approved Providership, this may be accomplished by submitting a “*Form B: Pending Program*” for the new program(s) to NAADAC.

____ If applicant is a Distance Learning Education Provider, complete “*Form C: Distance Learning Program Information*” instead of “*Form B: Pending Program*” for a minimum of two (2) pending workshops/courses/independent study programs that will be offered during the next twelve (12) months, including outlines, brochures, learning objectives and evaluation procedures for each distance learning program.



naadac.org

Form A: 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**



naadac.org

Form B: Pending Program



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

Presenter: _____

Location of program: _____

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**



naadac.org

Form C: Distance Learning Program Information



Title of Activity: _____

Method of Instruction: _____

Target Audience: _____

Counselor skill group(s) targeted: _____

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

Brief Outline of the Training:

Learning Objectives:

Evaluation Procedures:

***If this program is a home study course, please include a copy of two (2) home study packages, in the form each would be sent to a purchaser. If program is offered via the Internet, please submit access information and code the program.

Program URL: _____

Username: _____ **Password:** _____