

Form D: Co-Sponsor Relationship Disclosure



Organizations, educational institutions, or individuals who are experienced training providers and want to obtain NAADAC Approved Education Providership status for one or more co-sponsored events or trainings must be approved by NAADAC.

All **co-sponsored** relationships must be approved independently of a current NAADAC Approved Education Provider approval. Current NAADAC Approved Education Providers can apply for approval of co-sponsored relationships for a single-event or as a part of their unlimited providership, based on Tier Level. NAADAC defines a co-sponsor relationship as any relationship between two or more NAADAC Approved Education Providers. A co-sponsor is a partner in an educational event, who is sharing in the selection of presenters/speakers, the management of CEs, the build of the conference-program and learning objectives. If a sponsor is simply providing marketing materials, advertising support, and branding for exhibiting then a co-sponsor application or disclosure form is not needed.

If more than one co-sponsor is co-sponsoring an event or training, this form must be included for all co-sponsors. The applicant listed on the main page of this application will be responsible for assuming full responsibility for record-keeping, advertising course content as related to NAADAC’s standards, issuance of certificates, and instructor(s) qualifications. If two or more NAADAC Approved Education Providers co-sponsor an event or training, the main applicant will be considered the responsible party.

<u>CO-SPONSOR INFORMATION</u>		
ORGANIZATION DETAILS		
Organization:		
Address:		
City:	State:	Zip:
Website:		
Phone:	Fax:	Email:
ORGANIZATION DIRECTOR		
Name:		
Title:		
Phone:	Cell:	Email:
ORGANIZATION CONTACT (IF DIFFERENT FROM ABOVE)		
Name:		
Title:		
Phone:	Cell:	Email:

Approval for co-sponsored events can be granted for individual events or for an unlimited amount of events over a two year period.

1. List each co-sponsored training or event for which NAADAC Approved Providership status is being sought. (Form B must be submitted for each of these trainings or events.)

2. Describe the overall functions and goals of the co-sponsorship.

3. Briefly state the specific objectives of the event for substance use disorder and other helping professionals and how these objectives relate to the overall goals of your co-sponsor relationship.

Check any professional certification or licensure bodies by which the event is currently approved to offer continuing education credit.

State Certification Body
(Specify State(s): _____)

State Certification Body
(Specify State(s): _____)

National Board for Certified Counselors

National Board for Certified Counselors

American Association for Marriage and Family Therapy

National Association of Social Workers

Other (Please List):

4. Please list and include the approximate number of participants of any continuing education activities the co-sponsors have jointly offered to substance use disorder or other helping professionals in the past.

5. Please list any continuing education activities for which NAADAC Approved Providership status is NOT being sought that the co-sponsors plan to offer to substance use disorder or other helping professionals in the next year.

6. Please outline the roles and responsibilities of the co-sponsoring organizations and the individuals responsible for developing, planning, and implementation of the event.

7. Please attach all signed contracts and agreements detailing the co-sponsor relationship. If not detailed in the attachment, please detail any financial or other benefits/exchanges received through the co-sponsored event.

AGREEMENT

We certify under penalty of perjury under the laws of the State/Country of _____ that the information in this application is true and correct, and we have read and understand the NAADAC Approved Educational Provider Guidelines. We certify that neither cosponsor has had a NAADAC Approved Educational Providership withdrawn.

NAADAC APPROVED EDUCATION PROVIDER

NAME:

SIGNATURE:

DATE:

CO-SPONSOR ORGANIZATION CONTACT

NAME:

SIGNATURE:

DATE: