BOARD OF LICENSING FOR ALCOHOL & OTHER DRUG USE PROFESSIONALS
REQUEST FOR PRE-APPROVAL OF CONTINUING EDUCATION EVENT

***PLEASE NOTE THAT APPLICATION FOR PRE-APPROVAL MUST BE RECEIVED AT LEAST 6 WEEKS PRIOR TO TRAINING EVENT.***

APPLICANT INFORMATION

________________________________________________________________________
Sponsor/Applicant

________________________________________________________________________
Agency/Organization

________________________________________________________________________
Contact Person and Title

________________________________________________________________________
Address

________________________________________________________________________
Telephone

PRESENTATION INFORMATION

(All presentations must be 2 or more hours in length)

________________________________________________________________________
Program Title

Date

Training Location

FORMAT

Workshop: _____  In-Service_____  Academic

Course: ______

Fee: __________  Amount: __________

Description of Presentation:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

MAIL COMPLETED APPLICATION TO:

NH Board of Licensing for Alcohol & Other Drug Use Professionals
121 South Fruit Street, Suite 303
Concord, NH  03301
Fill in exact schedule and total of only instructional hours (exclude registration, lunch, breaks, etc.) on grid. If schedule is repeated exactly more than one day, indicate in second column how many days. If the total number of instructional hours includes a fraction under ½ hour, omit that fraction. If more space is needed, copy grid on separate sheet and submit.

<table>
<thead>
<tr>
<th>TIME EACH SESSION</th>
<th># OF DAYS</th>
<th>INSTRUCTION HOURS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Begins_____</td>
<td>_____</td>
<td></td>
</tr>
<tr>
<td>Ends ____</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Begins____</td>
<td>_____</td>
<td></td>
</tr>
<tr>
<td>Ends ___</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Begins____</td>
<td>_____</td>
<td></td>
</tr>
<tr>
<td>Ends ___</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Begins____</td>
<td>_____</td>
<td></td>
</tr>
<tr>
<td>Ends ___</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Begins____</td>
<td>_____</td>
<td></td>
</tr>
<tr>
<td>Ends ___</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

TOTAL INSTRUCTIONAL HOURS WHOLE OR HALF HOURS ONLY

Category of Competence (please see attached):

Goals/Objectives:

PLEASE ATTACH A BLANK COPY OF THE EVALUATION FORM THAT YOU WILL BE USING FOR YOUR PRESENTATION

INSTRUCTOR/PRESENTER INFORMATION
Name: ___________________________ Explanation of professional experience which qualifies Instructor/Presenter to present subject being addressed: (Attaching resume is not sufficient).

PLEASE ATTACH RESUME OF INSTRUCTOR(S)/PRESENTER(S)
MAKE ADDITIONAL COPIES OF THIS PAGE FOR EACH INDIVIDUAL SESSION BEING OFFERED

Updated 6/14