

**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 1/2 hour, omit that fraction. If more space is needed, copy grid on separate sheet and submit.

TIME EACH SESSION	# OF DAYS	INSTRUCTION HOURS
Begins _____ Ends _____	_____	_____
Begins _____ Ends _____	_____	_____
Begins _____ Ends _____	_____	_____
Begins _____ Ends _____	_____	_____
Begins _____ Ends _____	_____	_____

SAMPLE		
TIME EACH SESSION	# OF DAYS	INSTRUCTION HOURS
Begins: <u>8:45</u> Ends: <u>10:30</u>	<u>1</u>	<u>1.5</u>
Begins: <u>10:45</u> Ends: <u>12:15</u>	<u>1</u>	<u>1.5</u>
Begins: <u>1:15</u> Ends: <u>2:45</u>	<u>1</u>	<u>1.5</u>
Begins: <u>3:00</u> Ends: <u>4:30</u>	<u>1</u>	<u>1.5</u>
Total instructional hours : <u>6</u>		

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/PRESENTOR 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**