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

_____

Email Address and Mailing Address

_____

Direct Telephone number in case of questions with the application

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
7 Eagle Square
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.

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: 8:45 Ends: 10:30	1	1.5
Begins: 10:45 Ends: 12:15	1	1.5
Begins: 1:15 Ends: 2:45	1	1.5
Begins: 3:00 Ends: 4:30	1	1.5

Total instructional hours : _____6_____

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