

# APPLICATION FOR DCCB EDUCATION CREDIT

## Individual Credit

Applicants are permitted to make application for DCCB Approval for education offerings when prior application has not been submitted by the sponsoring agency. In doing so, the applicants are not prohibited from attending educational offerings they wish to use towards recertification.

Individual applicants must apply for DCCB Approval **prior** to the offering being given and supply appropriate information (program outline, resume/bio of education trainer(s), evaluation form, etc.) as requested.

An application for DCCB Education approval is included in this application.

## INSTRUCTIONS TO COMPLETE THE APPLICATION FOR DCCB EDUCATION CREDIT FOR AN INDIVIDUALLY CREDENTIALLED TRAINING:

The application will be reviewed for the individual only and will be applicable for the individual only.

For non-approved workshop: Complete the entire application. Minimally supply the brochure/flyer that provides title of program, date, leader and sponsoring organization information. In addition, a certificate of attendance must be included when submitting the recertification application.

For non-approved college course: Along with application, submit syllabus or course content. Describe how course enhanced your professional skills in the addiction field. A transcript must be submitted when submitting the recertification application.

The application fee is \$10.00 per program to be reviewed. In order for the non-approved program to be reviewed, you must submit the application and information within thirty (30) days of attending the program.

(Please Print)

1. Your Name: \_\_\_\_\_

2. Name and Date of Program : \_\_\_\_\_

2. Names and Credentials of Education Leaders (include resume):

3. Summary of Education Program (submit course goals & objectives):

4. Core Functions Addressed:

5. Will video presentation be used in this workshop? \_\_\_\_\_ If yes, how will it be utilized:

6. Number of Clock Hours:

7. Type & Sample of Evaluation:

8. Name, Address, Phone Number, Contact Person of Sponsoring Organization:

\_\_\_\_\_

Provider #: \_\_\_\_\_

9. Attach documentation of availability of program to staff of other drug and alcohol agencies/ professionals.

**FOR INDIVIDUALS SUBMITTING EDUCATION FOR RECERTIFICATION**

Name: \_\_\_\_\_

Credential: \_\_\_\_\_(CAC/CADC) \_\_\_\_\_(CPS/ CPP) \_\_\_\_\_(CCS)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

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**FOR BOARD USE ONLY**

APP #

DATE APP LTR SENT

HRS APP

# **DCCB/PADC**

1244 19<sup>th</sup> Street, NW, Suite #20  
Washington, DC 20036

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