

ADACBGA Continuing Education Approval Form for Providers

[www.adacbga.org](http://www.adacbga.org), [info@adacbga.org](mailto:info@adacbga.org)

1. Provider Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

\_\_\_\_\_

Email

website address

3. Person to contact regarding this application:

Name

Phone

4. Type of organization (check one):

\_\_\_\_\_ University or College (Accredited)

\_\_\_\_\_ University or College (Other)

\_\_\_\_\_ Professional Association

\_\_\_\_\_ Mental Health Center/Clinic (Public)

\_\_\_\_\_ Mental Health Center/Clinic (Private)

\_\_\_\_\_ Hospital

\_\_\_\_\_ Government Agency

\_\_\_\_\_ Professional Individual

\_\_\_\_\_ Other (Specify): \_\_\_\_\_

\_\_\_\_\_

5. Program Title: \_\_\_\_\_

6. Date(s): \_\_\_\_\_

7. Location: \_\_\_\_\_

8. Would you like this listed on the Continuing Education page of our website?

Yes

No

9. Is location handicapped-accessible?  Yes  No

10. Program description (Include goals, and objectives, description of topics to be presented, and relevance to Addiction Counselors.)

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. How was the need for this program determined? (needs survey, regulatory requirements, quality assurance findings, etc.)

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12. Audience targeted by the program? \_\_\_\_\_

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13. What, if any, are the prerequisites for attendance? \_\_\_\_\_

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14. What is the cost to participants? \_\_\_\_\_

15. Please initial the following statements of understanding regarding certification and documentation:

\_\_\_\_\_ (1) Certificates will be presented to attendees, indicating number of board approved contact hours.

\_\_\_\_\_ (2) A name file will be kept of all participants for 3 years.

16. Please complete the schedule below, listing instructional hours only.

| <u>Date</u>   | <u>Time Each Session</u> | <u>Instructional Hours</u> |
|---|--------------------------|----------------------------|
| _____   | Begins: _____            | _____                      |
| _____   | Ends: _____              | _____                      |
| _____   | Begins: _____            | _____                      |
| _____   | Ends: _____              | _____                      |
| _____   | Ends: _____              | _____                      |
| Total number of hours applying for:   |                          | _____                      |
| Are any of these total hours specifically in ethics? <input type="checkbox"/> Yes <input type="checkbox"/> No |                          |                            |
| If so, how many?  |                          | _____                      |

17. The following must be submitted in order for the application to be considered:
- C.V. for each facility member/presenter.
  - A copy or draft of the conference brochure.
  - Evaluation form to be used by attendees to assess the educational objectives of the program.
  - The appropriate fee (non-refundable) made payable to ADACBGA.

**One Presentation**

\_\_\_\_\_ 1-14 hours CEU      \$75  
 \_\_\_\_\_ 15 hours or more      \$150

**Multiple Presentations of Single Topic**

\_\_\_\_\_ 1-14 hours CEU      \$125  
 \_\_\_\_\_ 15 hours or more      \$150

**A Single Presentation of Multiple Topics (a Curriculum)**

\_\_\_\_\_ unlimited      \$200

**Multiple Presentations of Multiple Topics**

\_\_\_\_\_ unlimited      \$275

Mail all applications to:

Continuing Education Committee  
 ADACBGA  
 777 Cleveland Ave SW, Ste. 605  
 Atlanta, GA 30315

**SEND MATERIALS REGULAR MAIL ONLY! Staff may not be available to sign, and your material may be returned. Regular mail is most reliable.**

\_\_\_\_\_ Date Submitted      \_\_\_\_\_ Signature of person(s) submitting application

|   |                                 |
|---|---------------------------------|
| For ADACBGA office use only                     | Fee Received: \$ _____          |
| Action Taken: <input type="checkbox"/> Approved | <input type="checkbox"/> Denied |
| # Core contact hours _____                      | Reason: _____                   |
| # Ethics hours _____                            |                                 |
| _____<br>Signature of Chairperson, CE Committee |                                 |
| Approval number _____                           |                                 |