



## UPPER MIDWEST INDIAN COUNCIL ON ADDICTIVE DISORDERS CONTINUING EDUCATION ENDORSEMENT APPLICATION

### PART I. SPONSORSHIP

Today's Date: \_\_\_\_\_

Contact Person/Title: \_\_\_\_\_

Agency/Institution: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### PART II. CONTINUING EDUCATION DESCRIPTION

Exact Title:

**Number of actual clock hours requested:**

(One clock hour equals fifty minutes of continuous, structured learning experience. A detailed event scheduled must be attached to verify clock hours. Details must include the times of lectures and the instructors responsible for each section.)

Date(s):

Location: (building, street address, city and state):

Cost:

### PART III. PROMOTIONAL MATERIALS

\_\_\_\_\_ Check for attached copy of your promotional materials (brochure/flier).

**PART IV. SCHEDULE**

\_\_\_\_\_ Check for attached copy of your detailed event schedule.

**Example:**

Chemical dependency:	Causation and Treatment Models (5.5 clock hours)	
8:30-9:00	Welcome/introductions	Sharon Smith
9:00-10:00	History: The American Experience	Sharon Smith
10:00-10:15	Break	
10:15-11:45	Models of Causation: Physiological/Psychological/Sociocultural	John Swanson
11:45-12:45	Lunch	
12:45-2:45	Treatment Models: Disease Concept/Behavioral/Family	Shelia Blair
2:45-3:00	Wrap Up	Sharon Smith

**PART V. PROGRAM OBJECTIVES**

Please list the Program Objectives. The event must have three (3) program objectives at a minimum. The program objectives need to specify the learning results to be achieved. The program objectives need to be clear and measurable. A well-written objective should include"

- 1.) a measurable action word ("to identify", "to describe", "to list")
- 2.) a content area ("indicators of mental illness", "theories of treatment")
- 3.) an evaluation measure ("that signals the need for consultations/referrals")

EXAMPLE: Objective: The professional will be able to identify specific indicators of mental illness that signal the need for consultation/referrals to mental health care providers.

Objective #1: \_\_\_\_\_

Objective #2: \_\_\_\_\_

Objective #3: \_\_\_\_\_

Objective #4: \_\_\_\_\_

Objective #5: \_\_\_\_\_

Objective #6: \_\_\_\_\_



**PART VII. PRACTITIONER COMPETENCIES, COUNSELOR CORE FUNCTIONS OR PREVENTION SPECIALIST CORE FUNCTIONS**

Identify the specific Counselor Core Functions or Prevention Specialist Core Functions which your event addresses. Then provide a statement linking each competency or core function identified to the Program Objectives. Please refer to the attached lists of Core Functions. All Programs Objectives must be clearly linked to the identified Counselor Core Functions or Prevention Specialist Core Functions in order to be acceptable and approved.

EXAMPLE: #12. Consultation: Professionals will be able to gather information on appropriate consultation sources and procedure for dealing with mental illness and chemical dependency.

This continuing education event related to: (please check)

- The Counselor (level I, II, III) Core Functions
- The Prevention Specialist (CPS) Core Functions

Core Function/Competency #1: \_\_\_\_\_

Statement Linking to Program Objectives: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Core Function/Competency #2: \_\_\_\_\_

Statement Linking to Program Objectives: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Core Function/Competency #3: \_\_\_\_\_

Statement Linking to Program Objectives: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Core Function/Competency #4: \_\_\_\_\_

Statement Linking to Program Objectives: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Core Function/Competency #5: \_\_\_\_\_

Statement Linking to Program Objectives: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PART VII. PRACTITIONER COMPETENCIES, COUNSELOR CORE FUNCTIONS OR PREVENTION SPECIALIST CORE FUNCTIONS**

Identify the specific Counselor Core Functions or Prevention Specialist Core Functions which your event addresses. Then provide a statement linking each competency or core function identified to the Program Objectives. Please refer to the attached lists of Core Functions. All Programs Objectives must be clearly linked to the identified Counselor Core Functions or Prevention Specialist Core Functions in order to be acceptable and approved.

EXAMPLE: #12. Consultation: Professionals will be able to gather information on appropriate consultation sources and procedure for dealing with mental illness and chemical dependency.

This continuing education event related to: (please check)

- The Counselor (level I, II, III) Core Functions
- The Prevention Specialist (CPS) Core Functions

Core Function/Competency #1: \_\_\_\_\_

Statement Linking to Program Objectives: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Core Function/Competency #2: \_\_\_\_\_

Statement Linking to Program Objectives: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Core Function/Competency #3: \_\_\_\_\_

Statement Linking to Program Objectives: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Core Function/Competency #4: \_\_\_\_\_

Statement Linking to Program Objectives: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Core Function/Competency #5: \_\_\_\_\_

Statement Linking to Program Objectives: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PART VIII. CODE OF ETHICS RELATIONSHIP (FOR ETHICS EDUCATION ONLY!)**

FOR ETHICS EDUCATION EVENTS ONLY: Identify the specific ethical codes which your event addresses. The event must relate, at a minimum to three ethical codes. Then provide a statement linking each ethical code identified to the Program Objectives. Please refer to the attached Practitioner/Counselor Code of Ethics and the Prevention Specialist Code of Ethics. All Program Objectives must be clearly linked to the identified ethical codes.

EXAMPLE: Counselor Code #14: Professionals will be able to list ways they can maintain appropriate boundaries with their agency.

This continuing education event relates to: (please check)

\_\_\_\_\_ The Practitioner/Counselor Code of Ethics  
\_\_\_\_\_ The Prevention Specialist Code of Ethics

Ethical Code: \_\_\_\_\_

Statement Linking to Program Objectives: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Ethical Code: \_\_\_\_\_

Statement Linking to Program Objectives: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Ethical Code: \_\_\_\_\_

Statement Linking to Program Objectives: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PART IX. EVALUATION FORMS**

All continuing education sponsors are required to conduct a written evaluation of their event.

All continuing education sponsors are required to use the attached UMICAD Evaluation Form for each endorsed event. The sponsor may use any additional evaluation forms that they choose. UMICAD evaluation forms must be kept on file by the sponsor for a minimum of two years.

By signing this application, UMICAD reserves the right to request and review copies of the UMICAD evaluation forms from the endorsed workshop. If UMICAD receives documented concerns/complaints regarding an event, UMICAD can remove its endorsement of that event.

**PART X. INSTRUCTOR CREDENTIALS**

All instructor credentials must be adequately documented. For each instructor, please complete the following resume form. By signing this application, UMICAD reserves the right to verify instructor(s) credentials.

**INSTRUCTOR RESUME:**

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

Which course teaching: \_\_\_\_\_

Work Agency: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Education: \_\_\_\_\_

\_\_\_\_\_

Work Experience: \_\_\_\_\_

\_\_\_\_\_

Relevant knowledge in chemical dependency/prevention and skills for teaching this course: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





**PART XI. CERTIFICATE OF COMPLETION**

All continuing education sponsors are required to issue a certificate of completion, in a timely manner, to those individuals who successfully complete the continuing education event. Attach a copy of your certificate of completion or use the form below. The certificate must, at minimum include the following items:

- 1.) Sponsoring Agency
- 2.) Title and Date of Continuing Education Event
- 3.) Participant's Name
- 4.) Number of Endorsed Clock Hours Received
- 5.) Authorizing Signature
- 6.) Statement that the Event is UMICAD Endorsed

**CERTIFICATE OF COMPLETION  
FOR  
CONTINUING EDUCATION**

This certifies that (participant name) \_\_\_\_\_

has successfully completed \_\_\_\_\_ clock hours and has met the required standards for completion of the continuing education event entitled: \_\_\_\_\_

Sponsored by: \_\_\_\_\_

Held at (location): \_\_\_\_\_

on (date): \_\_\_\_\_

Signature: \_\_\_\_\_

Sponsor: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

\_\_\_\_\_ Clock hours of UMICAD endorsed education for

\_\_\_\_\_ CADC I

\_\_\_\_\_ CADC II

\_\_\_\_\_ CADC III

\_\_\_\_\_ CPS I

\_\_\_\_\_ CPS II

**PART XII. RECORD KEEPING**

All continuing education sponsors are required to verify participant attendance. Briefly describe your procedures for verifying participant attendance at this continuing education event: \_\_\_\_\_

All continuing education sponsors are required to maintain participant records for a minimum of two years. Briefly describe your procedures for maintaining participant records for a minimum period of two years: \_\_\_\_\_

**PART XIII. FEES AND SIGNATURE**

\_\_\_\_\_ Enclosed is the required non-refundable review fee.

- 1-6 clock hours \$50.00
- 6.1-12 clock hours \$100.00
- 12.1-18 clock hours \$150.00
- 18.1 + clock hours \$200.00

I hereby attest that all of the information provided in this endorsement application is accurate, true and valid.

\_\_\_\_\_  
Authorizing Signature

\_\_\_\_\_  
Name Printed

\_\_\_\_\_  
Date