

Sponsor Application for Continuing Education Activities

Upper Midwest Indian Council on Addictive Disorders

PO Box 1130 Bemidji, MN 56619

Phone: (218)230-2622 | Fax: (218)319-8468

PART I. SPONSORSHIP

Today's Date: _____

Contact Person/Title: _____

Agency/Institution: _____

City/State/Zip: _____

Telephone: _____ Fax: _____ Email: _____

PART II. CONTINUING EDUCATION DESCRIPTION

Exact Title of Activity: _____

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 the following:

- 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: _____

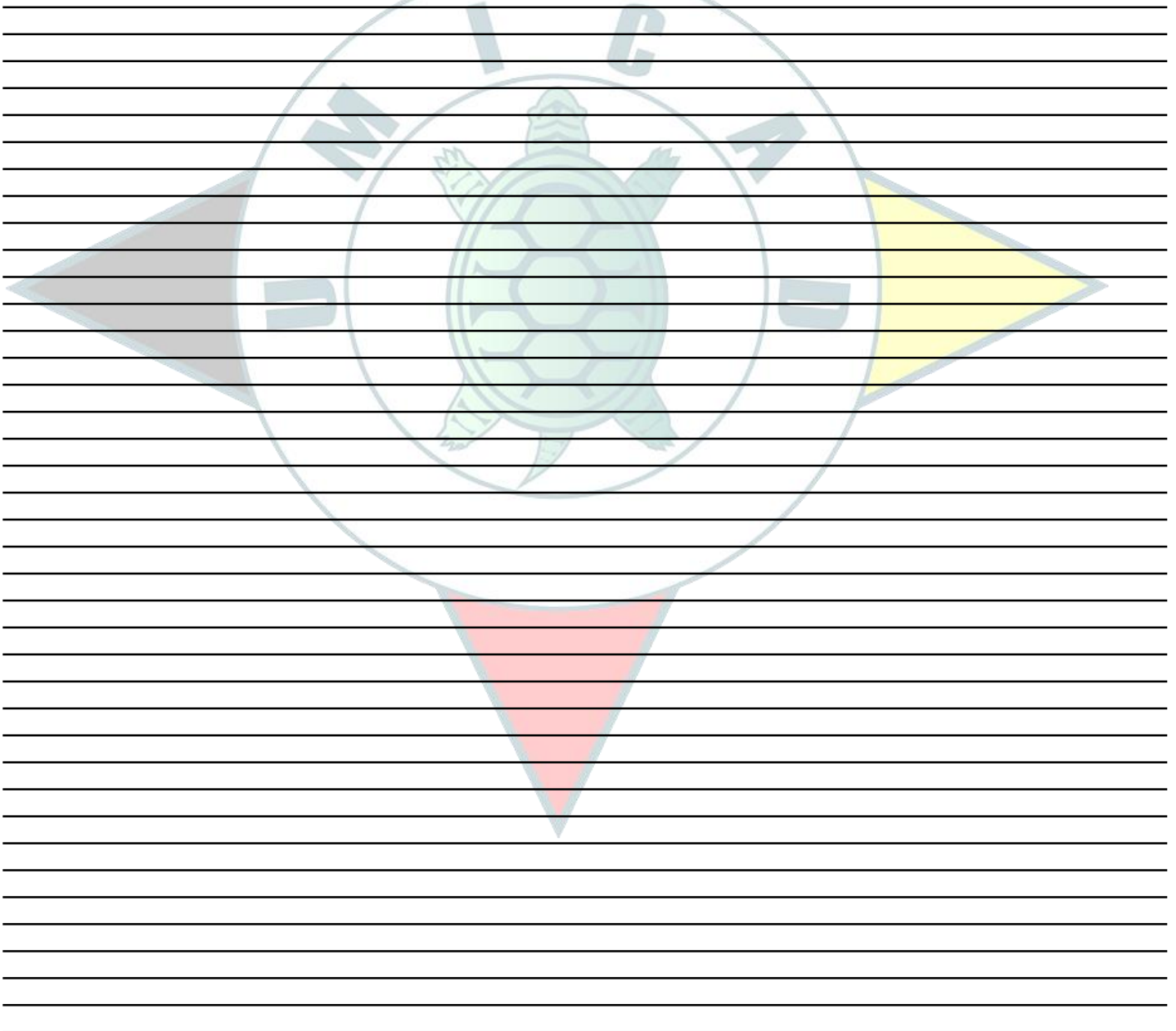
Objective #6: _____

PART VI. STATEMENT OF RELATIONSHIP TO CHEMICAL DEPENDENCY/PREVENTION

Provide a statement linking the Program Objective to the provision of professional chemical dependency or prevention services to persons with chemical abuse problems. Chemical abuse problems should be broadly interpreted as applying to individuals, groups or families in which there is or has been an issue of chemical use, abuse or dependency or for those who are at risk of developing problems with chemicals. The Program Objectives must be clearly linked to the provision of chemical dependency or prevention of services in order for this continuing education endorsement application to be acceptable.

EXAMPLE: Relationship to Professional Services: Professionals working with persons who are chemically dependent need skills to screen for mental illness to make appropriate referrals so that the patient's needs are assessed and addressed.

Statement of Relationship to Chemical Dependency/Prevention (add attachment if necessary):



A large, light blue watermark logo is centered on the page. It features a circular emblem with a turtle in the center. The letters 'N', 'B', 'C', and 'C' are arranged around the top of the circle, and 'N', 'B', 'C', and 'C' are arranged around the bottom. The logo is semi-transparent and serves as a background for the lined writing area.

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 list of Core Functions. All Programs Objectives must be clearly linked to the identified Counselor Core Functions or Prevention Specialist Core Functions 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: _____

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Statement Linking to Program Objectives: _____

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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: _____

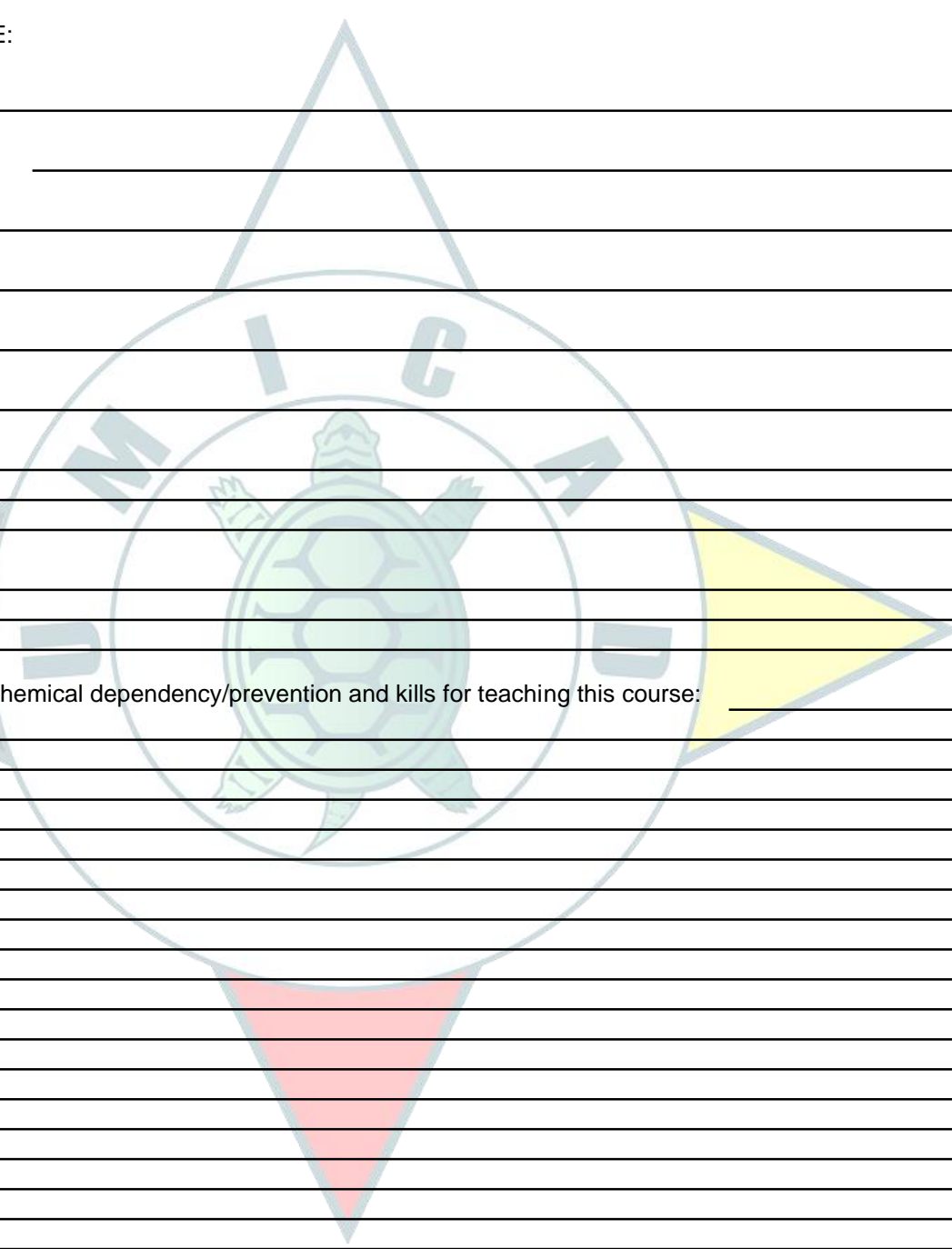
City/State/Zip: _____

Phone: _____

Education: _____

Work Experience: _____

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



PART X. INSTRUCTOR CREDENTIALS

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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 the information provided in this endorsement application is accurate, true and valid.

Authorizing Signature

Name Printed

Date

FOR BOARD USE ONLY

1. Date Received: _____
2. Date Reviewed: _____
3. Approved _____ Yes _____ No
4. Hours approved: _____
5. Date notified: _____
6. Log number: _____

Board President Authorizing Signature: _____ Date: _____