

**BAPP PORTFOLIO REVIEW - COURSE EVALUATION FORM
CERTIFIED PREVENTION SPECIALIST (CPS)**

NAME: _____ **PHONE:** _____

ADDRESS: _____ **CITY, STATE, ZIP:** _____

Course	Course Number, Title to fulfill requirements	Name of College or University	Date of Course	Number of Credit Hours	Grade	Comments	Board Approval Yes / No
Intro to Alcohol Use and Abuse							
Intro to Drug Use and Abuse							
Foundations of Alcohol & Drug Prevention							
Theory & Practice of Alcohol & Drug Prevention							
Ethics for the Addiction Professional (must include 6 contact hours of ethics specific to prevention)							

**Please return this form along with transcripts, two (2) copies of each syllabus, and the \$25 portfolio review fee to:
BAPP, 3101 W. 41st Street, Suite 205, Sioux Falls, SD 57105**

BAPP Reviewer: _____

Date: _____