

**BAPP PORTFOLIO REVIEW – COURSE EVALUATION FORM
CERTIFIED CHEMICAL DEPENDENCY COUNSELOR (CCDC)**

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 Individual Counseling							
Alcohol and Drug Group Counseling							
Alcohol and Drug Treatment Continuum							
Ethics for the CD Professional							
Counseling Families with Alcohol or Other Drug Issues							
Cultural Competency OR							
Special Populations							
CD-Specific Elective							

**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: _____

Revised 6/27/13