

Dear Continuing Education Sponsor:

Thank you for your interest in continuing education. The process of endorsing continuing professional training activities is intended to ensure that these activities meet the requirements for certification and/or licensure renewal. Education specific to the areas of addiction, prevention, treatment, counseling, the administration and management of programs, and/or topics relevant to the enhancement of the knowledge and skill of a credentialed professional will be approved for certification/licensure renewal.

Once endorsement is granted, you may advertise that your training activity is BAPP approved. Credentialed professionals look to BAPP approved training activities as their first choice in selecting education for certification/licensure renewal.

All continuing educational activities must be approved within 30 days before or after the activity is held.

Procedures for Approval:

Complete and submit the 'Educational Provider Status Agreement' form, the 'Request for Approval of Continuing Professional Training' form, and the \$25.00 service provider fee. Provide copies of the brochure for the continuing professional / educational training activity, to include: date(s) and location of the activity; sponsoring agency; topics covered; instructors and their qualifications; number of contact hours requested; and, agenda outlining the time frame of the program activities (actual hours for sessions, breaks, lunches, etc.).

Note: The \$25.00 service provider fee is not required for 'free' training activities.

Once the activity has been approved, you are responsible for providing a certificate of attendance, upon completion, to each attendee. The certificate must carry the attendee's name, the title of the educational training activity, the date(s), and the contact hours granted. The sponsoring agency's name should also appear on the certificate.

Attendees should only be granted the number of contact hours for which they attend. If they leave the training prior to the completion, or attend just one day of a two-day activity, give only the hours for which they are entitled. Attendance sheets must be maintained by the sponsoring agency for three years from the date of the offering.

Thank you for seeking endorsement of your continuing professional training activity and for providing quality continuing education for addiction and prevention professionals.

If you have any questions, please contact the BAPP Administrative Office at 605-332-2645 or by email at bapp@midconetwork.com.

BOARD OF ADDICTION AND PREVENTION PROFESSIONALS (BAPP)

EDUCATIONAL PROVIDER STATUS AGREEMENT

Name of Agency/
Institution: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email Address: _____

Contact Person: _____

I/we agree to adhere to the guidelines of the Board of Addiction and Prevention Professionals (BAPP) for submission of continuing professional training activities to be considered for BAPP approval. Requests for approval must be submitted within 30 days before or after the activity is held. The BAPP reserves the right to request additional information for clarity of the program and/or the educational offering. The BAPP also reserves the right to audit the activity.

Sponsors or organizations providing the training must agree to issue a certificate of attendance, or other evidence of attendance, to the participants and must keep an attendance record for three years from the date of the activity.

Please submit this 'Agreement', the 'Request for Approval of Continuing Professional Training', the required documentation, and the \$25 service provider fee.

Note: The service provider fee is not required for 'free' training activities.

Signature

Date

BOARD OF ADDICTION AND PREVENTION PROFESSIONALS (BAPP)
REQUEST FOR APPROVAL OF CONTINUING PROFESSIONAL TRAINING
(This request must be submitted 30 days before or after the training activity is held.)

Date Submitted: _____

Name of Training Activity: _____

Is there a Registration Fee for this Training Activity? No ☐ Yes ☐ Amount \$ _____

Sponsoring Agency: _____

Date of Activity: _____

Hours of Continuing Professional Training Requested: _____

Location of Activity (Site): _____

City: _____ State: _____

Instructor(s): _____

Qualifications of Instructor(s): (Sponsoring Agency attach Vitae): _____

Documentation of Training Activity must be attached. (Include Brochures, Course Descriptions, Course Syllabus, Time Frames, Agenda, etc., to assist in evaluating the validity of the training.)

Information of Person Submitting this Form:

Name: _____

I am attending this activity: ☐
(Include home address below)

OR

I am a sponsor representative: ☐
(Include agency name and agency address below)

Name of Sponsoring Agency (if a sponsor representative): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____

**COMPLETE THE ABOVE INFORMATION AND SUBMIT ORIGINAL AND ONE COPY OF THIS FORM,
ALONG WITH THE TRAINING DOCUMENTATION, TO:
BAPP, 3101 West 41st Street, Suite 205, Sioux Falls, SD 57105**

APPROVAL: The BAPP Administrative Office will complete this section, and one copy of this form will be returned to you for your records.

THIS TRAINING ACTIVITY HAS BEEN APPROVED FOR:

_____ Hours of Continuing Professional Training

Authorized Signature

Date