

**CBADP 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:  
CBADP, 3101 W. 41<sup>st</sup> Street, Suite 205, Sioux Falls, SD 57105**

CBADP Reviewer: \_\_\_\_\_

Date: \_\_\_\_\_