

**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: OR I am a sponsor representative:
(Include home address below) (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