

**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: _____

Type of Training: Conference/Workshop/Seminar/Lecture ____ In-Service Training ____ Internet Training ____

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 to assist in evaluating the validity of the training. Include a printed program, agenda, or brochure with the topics offered and a complete time schedule (actual hours for sessions, breaks, lunches, etc.).

Person submitting this form (*check one*): I am attending this activity: OR I am a sponsor representative:
(Sponsor must also complete the Educational Provider Status Agreement form)

Name: _____

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 a copy of the approved form will be returned to you.

THIS TRAINING ACTIVITY HAS BEEN APPROVED FOR:

_____ Hours of Continuing Professional Training

Authorized Signature

Date