

**South Dakota Board of Addiction and Prevention Professionals (BAPP)  
Request for Approval of Continuing Education**

*(This request must be submitted 30 days before or after the training)*

Title of Training: \_\_\_\_\_

Sponsoring Agency: \_\_\_\_\_

Date of Training: \_\_\_\_\_

Location of Activity (Site): \_\_\_\_\_

Instructor(s): \_\_\_\_\_

Qualifications of Instructor(s): \_\_\_\_\_  
*(Sponsoring Agency attach Vitae)*

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

Hours Requested (total number by category): \_\_\_\_\_ General \_\_\_\_\_ Ethics

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**Documentation of Training Activity must be attached to this form.** Include a printed program, agenda, or brochure with the topics offered and a complete schedule of the training (actual hours for sessions, breaks, lunches, etc.).

Person submitting this form (check one):

\_\_\_\_\_ I am an individual licensee      **OR**      \_\_\_\_\_ I am an agency sponsor representative

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Submit completed form and supporting documentation to:  
BAPP, PO Box 340, Pierre, SD 57501 or [bapp@midwestsolutionsd.com](mailto:bapp@midwestsolutionsd.com).**

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**APPROVAL:** The BAPP Administrative Office will complete this section, and a copy of the approved form will be returned to you via email. An approved training is assigned a number to be used as reference for licensees for renewing a license or certificate and to be provided by the Sponsor Agency to all attendees of an approved training.

This training activity has been approved for the following hours: \_\_\_\_\_ General Hours \_\_\_\_\_ Ethics Hours

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
BAPP Course Number