

BAPP COURSE REVIEW FORM CERTIFIED ADDICTION COUNSELOR (CAC)

NAME: _____ PHONE: _____

ADDRESS: _____ CITY, STATE, ZIP: _____

Please return this form(s); a copy of each syllabus; and your transcripts (*unofficial transcripts are acceptable for course review*).

Send all information to: BAPP, PO Box 340 Pierre, SD 57501

Course Requirements	Name of College or University	Prefix – Course Number	Name of Course	Sem. Hrs.	Grade	Term Taken	BAPP Comments	Board Approval Yes / No
Intro to Alcohol Use and Abuse								
Intro to Drug Use and Abuse								
Alcohol and Drug Group Counseling								
Ethics for the Alcohol & Drug Professional								
Foundations of Individual Counseling								
Alcohol and Drug Treatment Continuum								
Counseling Families with Alcohol or Other Drug Issues								
Diverse Populations								
Alcohol & Drug Specific Elective								

BAPP Reviewer: _____

Date: _____