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 #: ___________________________________   Email address: ________________

COMPLETE THE ABOVE INFORMATION AND SUBMIT ORIGINAL AND ONE COPY OF THIS FORM, ALONG WITH THE TRAINING DOCUMENTATION, TO:
BAPP, PO Box 340, Pierre, SD  57501

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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.

THIS TRAINING ACTIVITY HAS BEEN APPROVED FOR:

__________________ Hours of Continuing Professional Training

___________________________________________________________  ______________________________
Authorized Signature                                          Date

Rev 12/2020