

Vermont Alcohol and Drug Abuse Certification Board
 P.O. Box 8566
 Essex, VT 05451
 Phone: 802-878-7776
 Fax: 802-879-6211

**APPLICATION FOR CREDIT HOURS APPROVAL FOR
 WORKSHOPS/TRAININGS
 FOR THE CREDENTIALING AND RE-CREDENTIALING OF SUBSTANCE ABUSE
 COUNSELORS IN VERMONT**

IMPORTANT: PLEASE BE SURE TO INCLUDE THE FOLLOWING:

_____ A copy of the conference/workshop/training format, showing hours and outline of material to be presented; **an hour-to-hour outline of the day is required (including breaks) so that requested hours can be verified**

_____ A brief biographical sketch of the presenter(s) indicating education and/or training relevant to the workshop content. (Trainer's CV should demonstrate competence to teach the workshop content.)

_____ A check for application review equal to the registration fee for one attendee (i.e. if the cost for one to attend the workshop is \$50.00, then \$50.00 is the application review fee)

***FAILURE TO SEND ALL REQUESTED INFORMATION OR THE REVIEW FEE WILL
 RESULT IN THE RETURN OF YOUR APPLICATION AND A REQUEST FOR RE-
 SUBMISSION.***

TITLE OF TRAINING/WORKSHOP:

DATE(S): _____ **PLACE:** _____

PRESENTER'S NAME, ADDRESS, TELEPHONE NUMBER, CREDENTIALS:

(Submit on separate sheet if necessary.)

As per the Alcohol and Drug Abuse Counselor Licensing Rules, which are meant to implement the provisions of Title 33, Chapter 8 of the Vermont Statutes Annotated (VSA), “[guidelines] for approval of trainings eligible for credentialing and recredentialing as a licensed/certified alcohol and drug abuse counselor MUST meet the following criteria:

- The education and training must be specific to the field of alcohol and drug abuse treatment. Training which is non-specific to alcohol and/or drug abuse training must be thoroughly justified as to its relation to the field of substance abuse treatment.
- The topic of the training must be appropriate to the needs of an alcohol and drug abuse counselor.
- The training must address the 12 core functions of an IC&RC Counselor.
- The trainer (presenter) must have demonstrated competence in the subject of the training.
- The number of hours requested must be no greater than the actual number of hours in training.”

If your training does not meet these criteria, your application will not be approved. Please note that all review fees are nonrefundable.

TRAINING SPONSORS:

NUMBER OF CREDIT HOURS SOUGHT: _____

PERSON/ORGANIZATION MAKING APPLICATION:

ADDRESS:

TELEPHONE: _____

DATE OF APPLICATION: _____

Questions? Call 802-878-7776 or e-mail nan@vtcertificationboard.org.
www.vtcertificationboard.org

(To be completed by Certification Board)

APPROVED _____ NUMBER OF HOURS _____ DISAPPROVED _____

REASON FOR DISAPPROVAL:

Signature

Date