



Office of Addiction Services and Supports

Education and Training Provider Certification Application

PART B - EDUCATION AND TRAINING PROVIDER COURSE WORK/TRAINING INFORMATION (attach additional sheets, as necessary) (please type all information)

EDUCATION AND TRAINING PROVIDER Number/Name:

EDUCATION AND TRAINING PROVIDER COURSE INFORMATION

1. Course Title (Enter the title of the course to be reviewed) - - Individual course work/training will be reviewed to satisfy credentialing renewal requirements only.

2. Number of Clock Hours (Enter the total number of clock hours and the length of each class session):

3. Course Outline (Enter the instructor's outline of topics to be covered during the course):

4. Educational Goal(s) (Provide a brief statement of the expected outcomes of the course):

5. Educational Objective(s) (Provide, in measurable terms, specific knowledge, skills and abilities to be acquired by the Participant. Provide approximately one objective for every two hours of instruction):



Office of Addiction Services and Supports

Education and Training Provider Certification Application

PART B - EDUCATION AND TRAINING PROVIDER COURSE WORK/TRAINING INFORMATION
(attach additional sheets, as necessary)
(please type all information)

EDUCATION AND TRAINING PROVIDER NAME:

EDUCATION AND TRAINING PROVIDER COURSE INFORMATION

6. **Instructor Name(s) Qualifications** (Enter the name(s) of the instructor(s) for the course. An Instructor Qualifications Form (PDS – 17.3) must be completed for each Instructor:

7. **Participant Evaluation Criteria and Procedures** (Describe the method of determining whether the participant successfully completed the course work and a plan for evaluating relevant aspects of the learning and teaching experience. Attach a copy of the course evaluation participants will use to evaluate the course).