



NAADAC Approved Education Provider Program Application

NAADAC Approved Education Providers offer training and education for those who are seeking to become certified/licensed and those who want to maintain their certification/license at the state or national level.

Those participating in educational programs offered by NAADAC Approved Education Providers are assured that the continuing education (CE) credits provided for each course will be accepted toward national credentialing by the National Certification Commission for Addiction Professionals (NCC AP), as well as many of the individual state licensing/certification bodies in the addiction and other helping professions.

The NAADAC Approved Education Provider emblem signifies that an organization has voluntarily opened its educational programs to examination by NAADAC and the National Certification Commission for Addiction Professionals (NCC AP) for content applicability to state and national certification standards. This rigorous review process ensures that learners receive a consistent, reliable, and quality learning experience that is applicable to their careers and advances their understanding of addiction-related issues.

LEVELS AND COSTS:

The NAADAC Approved Education Provider program offers four (4) flexible options to organizations and individual trainers who wish to apply for Providership status.

Option 1: Approval of unlimited training for a period of two (2) years

This option applies to organizations, educational institutions, or individuals who are experienced training providers and offer three (3) or more workshops/ conferences/ courses/ independent study programs per two-year period. This includes a single program that will be presented multiple times. **The fee for this level of approval is \$600 for two (2) years**, \$400 of which is a non-refundable processing fee.

Option 2: Approval for a single training event

This option applies to organizations, educational institutions, or individuals who are experienced training providers and are offering only one (or are requesting approval for only one) training event; for example, an organization's annual conference. An independent study course is not considered a single training event. The approval status is only valid for the approved event and may only be used for issuing or reissuing of certificates for this event. **The fee for this level of approval is \$200 per event**, all of which is a non-refundable processing fee.

Option 3: Approval for a cosponsored single training event

This option is designed for organizations, educational institutions, or individuals who are experienced training providers and want to cosponsor a single training event. All cosponsored events must be approved outside of a current NAADAC Approved Education Providership. Cosponsored event approval will only be approved on a one-time event basis for live events only. Independent studies, webinars, and on-demand education cosponsorship is strictly prohibited. All cosponsored events

must submit the Cosponsor Single Training Event application for approval prior to the training event disclosing the nature of the cosponsorship. The approval status is only valid for the approved event and the single instance of the cosponsored relationship. The approval may only be used for issuing or reissuing of certificates for the single approved event. All cosponsored events and relationships will only be approved on a case by case basis. **The fee for this level of approval is \$200 per event**, all of which is a non-refundable processing fee.

Option 4: Approval for an academic institution

This option applies to regionally accredited colleges or universities that offer twelve (12) or more credits (semester or quarter hours) of addiction-related courses within an undergraduate and/or graduate degree program. **The fee for this level of approval is \$800 for two (2) years**, \$400 of which is a non-refundable processing fee.

For more information including benefits and guidelines for the NAADAC Approved Education Provider Program please review the NAADAC Approved Education Provider webpage located on the web at www.naadac.org/providers.

INSTRUCTIONS:

The following information provides detailed instructions for the application process. Please read this information carefully, and answer each question of the application in its entirety. All information must be included on application forms (please attach additional pages if more room is needed) and all appropriate forms must be completed in order to be considered complete and eligible for review. Applicants must have committed no act which would lead to disciplinary action. Incomplete applications will be returned to the applicant for completion. The NAADAC processing time for an application only begins once a complete application has been received. All applications must be typed. NAADAC prefers applications to be submitted electronically to providers@naadac.org, if applications are mailed please address to: NAADAC Providers Program, 1001 N Fairfax St, Ste 201, Alexandria, VA 22314.

CONTACT INFORMATION:

This section identifies the individual or organization that is applying for education and training provider status. When an organization is applying for approval, one staff member must be designated as the Continuing Education Director. This person will be the key contact between your organization and NAADAC. They will also be responsible for reviewing and approving educational trainings in accordance with the NAADAC Approved Education Provider Guidelines.

CATEGORY OF PROVIDER:

This section identifies the classification of the applicant. "Organization/Corporation" refers to a business, not-for-profit organization, for-profit organization, medical facilities, or other non-corporate entities. "Private Practitioner" refers to one individual that is independent from an organization or corporation who wishes to become an approved provider. "Government Agency" is a state or federally funded institution (this excludes grant funded agencies). "Distance Learning Organization" refers to a business, not-for-profit organization, for-profit organization, medical facility, or other entity that offers continuing education via the Internet or home study courses. "Academic Education Provider" refers to a college or university.

NAADAC APPROVED EDUCATION PROVIDER APPLICATION

Please read the NAADAC Approved Education Provider Guidelines carefully before completing the application. If additional space is needed, use additional sheets properly marked with the corresponding section of the application. All NAADAC Approved Education Provider Applications must be submitted to NAADAC for approval at least eight (8) weeks prior to the start date of the event or first course. Expedited processing is available for applications submitted less than eight (8) weeks prior to the start date of the first course for an additional non-refundable fee of \$200. NAADAC needs a minimum of two (2) weeks for expedited approval. Applications submitted with less than two (2) weeks for approval will be rejected. All information and payments must be received for an application to be reviewed.

PROVIDER APPLICATION

<input type="checkbox"/> New Provider			<input type="checkbox"/> Renewing Provider			<input type="checkbox"/> Cosponsored Event		
Date:	/ /	Provider #:				Expiration Date:	/ /	

TYPE OF APPLICATION (please see the NAADAC Approved Provider Guidelines for eligibility criteria)

	\$600 two (2) years of unlimited training <i>(\$400 non-refundable processing fee)</i>
	\$200 Cosponsor Single Training Event <i>(fee is non-refundable processing fee)</i>
	\$200 Single Training Event <i>(fee is non-refundable processing fee)</i>
	\$200 Single or Cosponsor Repeat Training Event <i>(fee is non-refundable processing fee)</i>

CATEGORY OF PROVIDER (please check all that apply and see application instructions for details)

<input type="checkbox"/> Organization/Corporation	<input type="checkbox"/> Private Practitioner	<input type="checkbox"/> Government Agency
<input type="checkbox"/> Distance Learning	<input type="checkbox"/> Academic Education Provider	<input type="checkbox"/> Cosponsored Event

ORGANIZATION/INDIVIDUAL INFORMATION

Name:		
Address:		
City:	State:	Zip Code:
Phone:	Fax:	Email:
Website:		
Has your organization done business under another name in the past 3 (three) years? YES NO		
If yes, please explain:		

DIRECTOR OF ORGANIZATION

Name:	
Title:	
Email:	Phone:

CONTINUING EDUCATION DIRECTOR (Unless otherwise designated, this individual will serve as NAADAC's contact)

Name:	
Title:	
Email:	Phone:

PAYMENT METHOD			
FEE CALCULATION			
Calculate the fees you owe. Enter the application fee from above and any additional fees in the table below.			
Application Fee (copied from Type of Application above)			\$
\$200 X ____ # of repeat cosponsor or single live events (if more than one (1) event)			\$
Expedited Fee (add in \$200 for events eight (8) weeks prior to the start date)			\$
Total Payment			\$
METHOD OF PAYMENT			
<input type="checkbox"/> Check Enclosed (Made Payable to "NAADAC")			
<input type="checkbox"/> Pay by Credit Card:	<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Amex
CREDIT CARD INFORMATION			
Card Number:		Exp. Date:	
Name on Card:			
Address:			
City:	State:	Zip Code:	
Signature:		Date:	
Application Signatures			
<i>I certify under penalty of perjury under the laws of the State/Country of _____ that the information in this application is true and correct, and I have read and understand the NAADAC Application and NAADAC Approved Provider Guidelines.</i>			
Signature:		Date:	

For more information including benefits and guidelines for the NAADAC Approved Education Provider Program please review the NAADAC Approved Education Provider home page located on the web at www.naadac.org/providers.

Please Return Completed Application and Fees To:
NAADAC Providers Program, 1001 N Fairfax St, Ste 201, Alexandria, VA 22314
or by email to providers@naadac.org

Administrative Use Only							
Date Received		Current Provider Number		Expiration Date			
Approved		Not Approved		Date		Staff	
Certificate and Letter Sent			Date		Staff		

Form A: Strategy, Goals, and Objectives



Please fill out the following for yourself or the applying organization. If you need more space, attach additional sheets to this application.

1. Describe the overall functions and goals of the organization.

2. Briefly state the specific objectives of the continuing education program for substance use disorder and other helping professionals and how these objectives relate to the overall goals of the organization.

3. Describe the target audience (educational level and profession) for the organization's continuing education activities.

4. Check any professional certification or licensure bodies by which the organization is currently approved to offer continuing education activities.	
<input type="checkbox"/> State Certification Body (Specify State/s:_____)	<input type="checkbox"/> State Licensure Body (Specify State/s:_____)
<input type="checkbox"/> National Board for Certified Counselors	<input type="checkbox"/> American Psychological Association
<input type="checkbox"/> American Association for Marriage and Family Therapy	
<input type="checkbox"/> National Association of Social Workers	
<input type="checkbox"/> Other (Please List): 	
5. When did the organization begin offering continuing education activities to substance use disorder or other helping professionals?	
6. What is the average number of continuing education activities that the organization offers per year?	
7. How many continuing education activities are primarily for substance use disorder professionals?	
8. What was the approximate number of participants in the past year?	

Form B: Previously Offered Program



Please fill out the following for yourself or the applying organization. If you need more space, attach additional sheets to this application.

Title of Activity:		Date:	
Presenter(s):			
Presenter(s) Bio(s):			
Target Audience:			
Counselor Skill Group(s) Targeted:			
Number of participants:			
Number of participants who are substance use disorder counselors:			
Number of continuing education credits (CEs) offered for this event <i>(for assistance with calculation, see NAADAC Approved Education Provider Guidelines)</i>			
Brief Outline of the Training:			
Learning Objectives:			
Evaluation Procedures:			
Attach a copy of the brochure/announcement used to advertise this activity, as well as a copy of the powerpoints, training materials or trainers' manual.			

Form C: Pending Program



Please fill out the following for yourself or the applying organization. If you need more space, attach additional sheets to this application.

Title of Activity:		Date:	
Presenter (s):			
Presenter(s) Bio(s):			
Target Audience:			
Counselor Skill Group(s) Targeted:			
Number of participants:			
Number of participant who are substance use disorder counselors:			
Number of continuing education credits (CEs) offered for this event <i>For assistance with calculation, see NAADAC Approved Provider Guidelines.</i>			
Brief Outline of the Training:			
Learning Objectives:			
Evaluation Procedures:			
Attach a copy of the brochure/announcement/website used to advertise this activity, as well as a copy of the powerpoints, training materials, and/or trainer's manual.			

Form D: References



Applicant's Name:						
<i>The person named is applying to NAADAC to become an approved provider of continuing education activities. Your assessment of the applicant's characteristics will enable the board to evaluate whether or not the applicant meets its standards. (Question #1 applies to the individual completing this form.)</i>						
1. Reference's Name:						
Profession:						
Degree(s):						
Business Address:						
Title:						
City/State/ZIP:						
Email:					Phone:	
2. Please rate the applicant compared to other individuals who have made educational presentations to the members of your organization. Please rate the applicant in each area listed below, using the following scale: <div style="display: flex; justify-content: space-around; font-weight: bold;"> 1-poor 2-below average 3-average 4-above average 5-excellent </div>						
a. Individual's subject knowledge & expertise	1	2	3	4	5	
b. Ability to present up-to-date information	1	2	3	4	5	
c. Ability to present material in a clear, orderly manner	1	2	3	4	5	
d. Ability to train material to a level appropriate to audience	1	2	3	4	5	
e. Ability to respond to questions/needs of audience	1	2	3	4	5	
f. Ability to maintain interest level of audience	1	2	3	4	5	
g. Ethical conduct	1	2	3	4	5	
h. Ability to handle business affairs in a profession manner	1	2	3	4	5	
3. Would you contract with this individual/organization to present future programs to your organization/ staff members? If "no" please explain:						
Yes			No, please explain below:			
4. RECOMMENDATION: I recommend this applicant for approval as a NAADAC provider of continuing education activities:						
Yes			No			
5. Additional Comments (please include additional sheets if necessary):						
The above information is based upon my best judgment. I am willing to answer additional questions concerning this evaluation if requested.						
Signature of Reference:					Date:	
After completing this reference form, please enclose it in a sealed envelope, sign the sealed flap and return it to the applicant.						

Form E: Cosponsored Relationship Disclosure



All **cosponsored** training and education events must be approved outside of a current NAADAC Approved Education Provider approval. Current NAADAC Approved Education Providers can apply for cosponsored event approval on a one-time event basis for live events only. NAADAC must approve all events before they happen. The approval of the cosponsored offering applies only to the identified offering included on the application. The cosponsors must not state that the approval extends beyond the identified offering in anyway. Any NAADAC Approved Education Provider found cosponsoring events without using the approval process prior to the event will have their NAADAC Approved Education Provider status withdrawn.

NAADAC Approved Education Provider numbers are **non-transferable**. An individual, corporation, association, organization, organized health care system, educational institution, governmental agency or private practitioner cannot sell, barter, partner or by any means, allow the use of the NAADAC Approved Education Provider status or number to any other training, individual, corporation, association, organization, organized health care system, educational institution, governmental agency or private practitioner.

If more than one cosponsor is cosponsoring an event, this form must be included for all cosponsors. The applicant listed on the main page of this application will be responsible for assuming full responsibility for record-keeping, advertising course content as related to NAADAC's standards, issuance of certificates, and instructor(s) qualifications. If two or more NAADAC Approved Education Providers cosponsor an event, only the main applicant will be considered the responsible party.

COSPONSOR INFORMATION		
ORGANIZATION DETAILS		
Organization:		
Address:		
City:	State:	Zip:
Website:		
Phone:	Email:	
ORGANIZATION DIRECTOR		
Name:		
Title:		
Phone:	Email:	
ORGANIZATION CONTACT (IF DIFFERENT FROM ABOVE)		
Name:		
Title:		
Phone:	Email:	

Approval for cosponsored event is only approved on a one-time basis for live events. If the event is offered more than one-time, please multiply the number of offerings times the cosponsor application fee of \$200.

How many times will the proposed event be offered?

Dates and locations of additional offerings:

1. Describe the overall functions and goals of the cosponsored event.

2. Briefly state the specific objectives of the event for substance use disorder and other helping professionals and how these objectives relate to the overall goals of your cosponsor relationship.

3. Describe the target audience (educational level and profession) for the event.

4. Check any professional certification or licensure bodies by which the event is currently approved to offer continuing education credit.

- | | |
|---|---|
| <input type="checkbox"/> State Certification Body (Specify State/s:_____) | <input type="checkbox"/> State Licensure Body (Specify State/s:_____) |
| <input type="checkbox"/> National Board for Certified Counselors | <input type="checkbox"/> American Psychological Association |
| <input type="checkbox"/> American Association for Marriage and Family Therapy | |
| <input type="checkbox"/> National Association of Social Workers | |
| <input type="checkbox"/> Other (Please List): | |

5. Please list and include the approximate number of participants of any continuing education activities the cosponsors have offered to substance use disorder or other helping professionals.

6. Please list any continuing education activities the cosponsors plan to offer to substance use disorder or other helping professionals in the next year.

7. Please outline the roles and responsibilities of the cosponsoring organizations and the individuals responsible for developing, planning, and implementation of the event.

8. Please attach all signed contracts and agreements detailing the cosponsor relationship. If not detailed in the attachment please detail any financial or other benefits/exchanges received through the cosponsored event.

AGREEMENT

We certify under penalty of perjury under the laws of the State/Country of _____ that the information in this application is true and correct, and we have read and understand the NAADAC Approved Educational Provider Guidelines. We certify that neither cosponsor has had a NAADAC Approved Educational Providership withdrawn.

NAADAC APPROVED EDUCATION PROVIDER

NAME:

SIGNATURE:

DATE:

COSPONSOR ORGANIZATION CONTACT

NAME:

SIGNATURE:

DATE: