

Oklahoma Board of Licensed Alcohol and Drug Counselors

P.O Box 54388 Oklahoma City, OK 73154 ❖ (405) 521-0779 ❖ Fax: (405) 521-0291

APPLICATION FOR CONTINUING EDUCATION

Name of Workshop: _____

Continuing Education must be targeted toward a professional audience

The program takes place in the context of:

- | | | |
|--|-------------------------------------|--|
| <input type="checkbox"/> College Course | <input type="checkbox"/> Seminar | <input type="checkbox"/> Correspondence |
| <input type="checkbox"/> In-Service Training | <input type="checkbox"/> Workshop | <input type="checkbox"/> On-Line Course |
| <input type="checkbox"/> Institute | <input type="checkbox"/> Conference | <input type="checkbox"/> Other (Specify) _____ |

The content of the program approximates: (check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Abnormal human behavior | <input type="checkbox"/> Counseling theories/methods | <input type="checkbox"/> Physical & emotional health |
| <input type="checkbox"/> Addictions counseling | <input type="checkbox"/> Disease and addiction process | <input type="checkbox"/> Prevention |
| <input type="checkbox"/> Advanced clinical supervision | <input type="checkbox"/> Ethics | <input type="checkbox"/> Professional orientation |
| <input type="checkbox"/> Appraisal/assessment techniques | <input type="checkbox"/> Gerontology | <input type="checkbox"/> Psychopharmacology |
| <input type="checkbox"/> Children/adolescents | <input type="checkbox"/> Group dynamics/ techniques | <input type="checkbox"/> Rehabilitation counseling |
| <input type="checkbox"/> Co-dependency | <input type="checkbox"/> Human sexuality | <input type="checkbox"/> Research |
| <input type="checkbox"/> Consultation | <input type="checkbox"/> Lifestyle/career development | <input type="checkbox"/> Social and cultural foundations |
| <input type="checkbox"/> Co- Occurring | <input type="checkbox"/> Marriage/ family counseling | <input type="checkbox"/> Spirituality |
| <input type="checkbox"/> Crisis intervention | <input type="checkbox"/> Personality theories | <input type="checkbox"/> Other _____
(Specify) |

Presenter Qualifications:

- LADC/ CADC or other person *licensed or certified* by other counselor professions.
- *Licensed or certified* member of a non-counseling field if the content of the program is counselor related and falls within the presenter's area of training.

Name of Presenter(s) and credentials: _____

Date(s) of Presentation: _____

Total number of hours you wish awarded - must *exclude* breaks: _____

Sponsoring Agency or Provider: _____

Name of Contact: _____ email: _____

Phone: (_____) _____ Fax: (_____) _____

Address _____

Please state how this relates to the drug and alcohol field: _____

Signature of Contact: _____ Date: _____

❖ Each of the following items must be enclosed for your application to be considered:

- 1) Biographical information and qualifications on the presenter(s).
- 2) Program schedules.
- 3) Descriptions and objectives of each of the workshops.

Please submit the *application all required documents*

45 days prior to workshop

Thank You.

OBLADC USE ONLY:

NOT APPROVED _____ APPROVED _____
HOURS APPROVED _____
SPECIFIC _____ NON-SPEC. _____
ETHICS _____ ETHICS HRS _____
STAFF _____ DATE _____