STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION

CONTINUING EDUCATION PRIOR APPROVAL APPLICATION

APPLICANT INFORMATION (please print)			
APPLICANT/ PROGRAM PROVIDER:			
CONTACT PERSON:			
MAILING ADDRESS:			
CITY	STATE	ZIP	COUNTY
PHONE # ( )	FAX # ( )	E-MAIL	
CO-SPONSOR:			
NAME OF COURSE/ SEMINAR:			
CONTACT HOURS REQUESTED:			
DATES & LOCATIONS COURSE IS OFFERED:			

State Board of Alcohol and Drug Counselors

Continuing Education Program Prior Approval Request

Application Instructions:

1. The applicant must submit a résumé which specifies educational and professional qualifications of the presenter.

2. The applicant must submit a program description which will include the following:
   A. Title of program: must be an accurate reflection of the material to be presented;
   B. Brief description of program: a narrative of the material to be presented;
   C. Targeted audience;
   D. Objectives: measurable outcomes that participants might expect to gain from attending this program;
   E. Outline of topics and activities: should include all program topics and activities in the order of their presentation, including the amount of time allotted to each segment;
   F. Methods of instruction: should describe how the instructor plans to present the material, such as techniques, teaching aids, and materials; and
   G. Methods of evaluation: attach a copy of the participant evaluation form that will be used.

3. The applicant must provide a statement of applicability of the program material to the field of Alcohol and Drug Counseling.

FOR COMMITTEE USE ONLY:

_____ Approved _____ Disapproved _____ Reviewer's Initials

_____ # of Contact Hours _____ Course Number _____ Provider Number

STATE OF MAINE DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION
Mailing Address: 35 State House Station, Augusta, Maine 04333 **Courier/Delivery address**: 76 Northern Avenue, Gardiner, Maine 04345
Phone: (207) 624-8603 Fax: (207) 624-8637 TTY users call Maine relay 711 web: www.maine.gov/professionallicensing

Frequently Asked Questions:

- **Where do I send my application?** Our mailing address is 35 State House Station, Augusta, Maine 04333-0035
- **Where are you located?** Gardiner Annex, 76 Northern Avenue, Gardiner, Maine.
- **What hours are you open?** 8:00 AM to 5:00 PM weekdays
- **Can I come to Gardiner to drop off my application?** Yes. You will not leave with an approval, though.

Additional Information:

1. If a program offering is disapproved, a copy of the APPLICATION FOR CEU PRIOR APPROVAL will be returned to the applicant with the reasons for disapproval clearly indicated. A disapproved program topic may be resubmitted **once.** A second disapproval by the Education and Training Committee may be appealed in writing to the State Board of Alcohol and Drug Counselors. Any program corrections must be made and approved prior to program presentation.
2. All program participants must be provided with a certificate of attendance at each program offering which will include:
    - Name of the approved program provider
    - Title of the program
    - Date(s) of the program
    - Name of the participant
    - Activity number
    - Number of contact hours awarded
    - Signature of instructor
    - A statement of approval*
3. The APPLICATION FOR CEU PRIOR APPROVAL should be submitted at least 30 days prior to the date of the first presentation. This should allow time for the review, to make changes and for resubmission, if necessary. All approvals are valid for one year from the date of the approval. **Under no circumstances will any program be reviewed or approved after its presentation.**

*****This program has been approved by the State Board of Alcohol and Drug Counselors.

Note: The instructor, at his or her discretion, may deny part or all of any previously approved CEU credit to any program participant. Examples of justifiable causes for denial of CEU credit would include tardiness, non-participation, and non-attendance. Should this occur, the instructor should be prepared to defend the decision in writing should the denial be appealed to the Board.

NOTICES

BACKGROUND CHECK: Pursuant to 5 M.R.S.A. §5301 - 5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Professional and Occupational Regulation requires a criminal history records check as part of the application process for all applicants.

PUBLIC RECORD: This application is a public record for purposes of the Maine Freedom of Access Law (1 MRSA §401 et seq). Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number and credit card information) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website.

SOCIAL SECURITY NUMBER: The following statement is made pursuant to the Privacy Act of 1974. Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 36 MRS §175 as authorized by the Tax Reform Act of 1975 (42 USC §405(c)(2)(C)(i)). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 MRS §191.

Before you seal the envelope, did you:

- Complete every item on the application (incomplete applications may be returned)
- Make a copy of your application to keep for your records