South Dakota Board of Addiction and Prevention Professionals (BAPP)
Request for Approval of Continuing Education

(This request must be submitted 30 days before or after the training)

Title of Training: _____

Sponsoring Agency: _____

Date of Training: _____

Location of Activity (Site): _____

Instructor(s): _____

Qualifications of Instructor(s)*:* _____
(Sponsoring Agency attach Vitae)

Type of Training: Conference/Workshop/Seminar/Lecture ☐ In-Service Training ☐ Internet Training ☐

Hours Requested (total number by category): _____ General _____ Ethics _____ Supervision

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Documentation of Training Activity must be attached to this form. Include a printed program, agenda, or brochure with the topics offered and a complete schedule of the training (actual hours for sessions, breaks, lunches, etc.).
Person submitting this form (check one*):*

☐ I am an individual licensee **OR** ☐ I am an agency sponsor representative

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Submit completed form and supporting documentation to:
BAPP, PO Box 340, Pierre, SD 57501 or bapp@midwestsolutionssd.com.

APPROVAL: The BAPP Administrative Office will complete this section, and a copy of the approved form will be returned to you.

This training activity has been approved for the following hours:

_____ General Hours _____ Ethics Hours _____ Supervision

_____ _____
Authorized Signature Date