

# Alaska Commission for Behavioral Health Certification

## Application for Approval of Workshops/Trainings

### REQUIREMENTS & APPLICATION PROCEDURE

**Individuals and organizations may submit workshops/trainings for certification. ACBHC training approval guarantees that the training can be used for ACBHC certification/re-certification. Training is approved for one year only.**

Submissions may be:

- A **one-time** training held **in** Alaska (\$100.00)
- A training/in service/class available on a **repeated** basis held **in** Alaska (\$300.00)
- A **one-time** training held **outside** Alaska (\$200.00)

Each submission must include:

- ❖ Title
- ❖ Date, location and whether training is part of an ongoing training offering
- ❖ A training outline or syllabus
- ❖ Amount of training time to be provided
- ❖ A statement about how the training relates to the field of substance abuse
- ❖ Which foundations or practice dimensions of the competencies is/are being addressed - Refer to the Counselor Competencies Description (attached) for specifics.
- ❖ A resume/curriculum vitae and qualifications of the trainer(s)
- ❖ Pre/post test or other outcome measure, if available
- ❖ Copy of the training certificate

The Training Approval Application must be completed and submitted with each proposed training. The Commission will notify the applicants regarding the approval.

After training is provided, the person in attendance who has successfully completed the class assignments should be given a certificate that contains the following:

- ◆ Title of the training
- ◆ Date of the training
- ◆ Name of the person who completed the training
- ◆ Name of person(s) performing the training
- ◆ Signature of trainer(s)/designee
- ◆ Number of clock hours or CEU's of the training
- ◆ Approved ACBHC Provider Number or other certification authority

If the training is part of a conference with multiple choices of trainings, the provider is responsible for confirming that the person actually attended the individual training sessions.

Submit the training approval application to:

**ACBHC**  
**P.O. Box 111350**  
**Anchorage, AK 99511-1350**

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## TRAINING APPROVAL APPLICATION

Training Organization/Sponsor: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

This training is:

\_\_\_\_\_ A **one-time** training held **in** Alaska (\$100.00)

\_\_\_\_\_ A training/in service/class available on a **repeated** basis held **in** Alaska (\$300.00)

\_\_\_\_\_ A **one-time** training held **outside** Alaska (\$200.00)

Title of Training: \_\_\_\_\_

Trainer(s) Name: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Training: \_\_\_\_\_ Number of Hours: \_\_\_\_\_

Location of Training: \_\_\_\_\_

Training Short Description (please also attach complete syllabus):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Alaska Commission for Behavioral Health Certification

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Competencies to be Addressed: \_\_\_\_\_

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\_\_\_\_\_  
Printed Name of Person Submitting Application Date

\_\_\_\_\_  
Signature of Person Submitting Application

Submit the training approval application and appropriate payment to:

**ACBHC**  
**P.O. Box 111350**  
**Anchorage, AK 99511-1350**