

Approved Education/Training

All training approval requests must be submitted to the office on the ASACB Training Approval Application and must include a copy of the agenda and curriculum vitae on each presenter. (See Training Approval Application to download).

Arkansas Substance Abuse Certification Board Training Approval Application		
Name:	Telephone Number:	
Email Address:		
Number of Training Hours Requested:	Formal	Informal
Please Attach An Agenda And Curriculum Vitae for Presenters. <i>Note: Approval of Certification Hours Does Not Imply Endorsement of Event.</i>		
Name of Trainer/Presenter:		
Presenter's Title or Qualifications:		
Name of Sponsoring Organization:		
Address of Sponsoring Organization:		
Title of Training Event:		
Time of Event:	Date(s) of Event:	
Location of Event:		
Brief Description of Training Event:		
Authorized Signature from Sponsoring Organization		Date
APPLICANTS DO NOT COMPLETE		EDUCATION COMMITTEE ONLY
Approved Disapproved <small>Circle One</small>	Date:	Initials:
Recommendations:		
Applicant or Trainer Notified?	Yes No <small>Circle One</small>	Date:
		By: