



**Oklahoma State Board of Licensed
Alcohol and Drug Counselors**
CE Approved Provider Application



Use this form to apply for status as an Approved Provider of CE Courses for OBLADC Licensees.

Sponsoring Agency or Provider Information

Name of Agency or Provider Offering Course

Select one:

- ☐ **First Time Applying to be Approved CE Provider**
☐ **Previously Approved CE Provider**

Contact First Name

Contact Last Name

Agency/Provider E-Mail

Agency/Provider Phone

Agency/Provider Address

Address Line 1

Address Line 2

City, State, ZIP

Presenter Information

Presenter Qualifications:

- LADC-MH/LADC/CADC or other person *licensed or certified* by other counselor professions.

-OR-

- *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.

Presenter First Name

Presenter Last Name

Presenter Biographical Information and Qualifications:

Course Information

Please submit an example continuing education course. If you are accepted as an Approved CE Provider, all courses you offer will be considered approved. All fields are required

Continuing Education **must** be targeted toward a professional audience

Continuing Education Course Title

Course Dates

Ongoing Course?

- ☐ Yes
☐ No

Course Content (check all that apply)

- ☐ Addictions Counseling
☐ Advanced Clinical Supervision
☐ Co-occurring
☐ Human Sexuality
☐ Mental Health
☐ Gerontology
☐ Ethics
☐ Prevention
☐ Other

Course description and objectives

Course Hours

Course Instruction

- ☐ In Person Instruction
- ☐ Webinar or Zoom Instruction
- ☐ Online Pre-recorded Instruction

Total Hours

Alcohol or Drug Specific Hours

Ethics Hours

Co-occurring Hours

Supervision Hours

Mental Health Hours

☐ I attest that the information entered on this form is correct.

Signature

date

Please Include/Attach the following to this application:

1. Example Course Schedule or Agenda
2. Example Completion Certificate
3. Example Course Evaluation Form
4. \$200.00 Application Fee