



**Oklahoma Board of Licensed
Alcohol and Drug Counselors**
Non-Approved CE Course Application



Use this form to apply for approval of a CE Course not listed in the [BLADC Approved CE List](#).

Licensee Information

First Name

Last Name

License Type

☐ CADAC ☐ LADC ☐ LADC/MH

License Number

Sponsoring Agency or Provider Information

Name of Agency or Provider Offering Course

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/CADC or other person *licensed or certified* by other counselor professions.
- *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 a continuing education course.

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

Continuing Education Course Title

Course Session Type

- ☐ Conference
- ☐ Correspondence
- ☐ In-Service Training
- ☐ Online
- ☐ Seminar
- ☐ Workshop
- ☐ Other

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
- ☐ Online 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. Course Schedule or Agenda
2. Completion Certificate
3. Course Evaluation Form
4. \$25.00 Application Fee