

MINNESOTA BOARD OF BEHAVIORAL HEALTH AND THERAPY

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Minnesota Relay Service:
1-800-627-3529

SPONSOR APPLICATION FOR APPROVAL OF LADC CONTINUING EDUCATION ACTIVITIES

INSTRUCTIONS

- 1. Please fill out this form completely. Incomplete applications will delay processing of your application for approval of continuing education activities.**
- 2. You must submit a completed application at least 60 days prior to the start date of your proposed continuing education activity to guarantee a decision prior to the start date. If your application is received within 60 days, it will still be considered for approval, but approval may not be granted until after the activity has been held.**
- 3. You must include a copy of any proposed advertisements or other promotional literature with your completed application.**
- 4. If your activity is approved, you should include in any promotional literature a statement that "This activity has been approved by the Minnesota Board of Behavioral Health and Therapy for ...hours of credit for LADC's."**
- 5. Approval of continuing education activities is made in accordance with Minnesota Statutes section 148F.075 and 148F.08.**
- 6. Approval remains in effect for one year from the date of initial approval. Upon expiration, you must submit a new application for activity approval.**
- 6. The fee for approval of a continuing education activity is \$60 per course. Please include a check or money order made payable to "BBHT" with this request. This fee is nonrefundable.**

**SPONSOR APPLICATION FOR APPROVAL OF A LADC
CONTINUING EDUCATION ACTIVITY**
Required Information (unless otherwise noted)

Sponsor Information:

1. **Have you submitted course information to the Board in the past (please circle)?** Y N
2. **Name of Sponsor Organization:** _____
3. **Address:** _____
4. **Contact Person:** _____
5. **Telephone Number:** _____
- E-mail Address:** _____
- Website Address (if applicable):** _____

Course Information:

6. **Title of Presentation** _____
7. **Date(s) of Presentation:** _____
8. **Number of continuing education hours sought:** _____
9. **Presenter(s) (Please include credentials. Attach additional sheets if necessary)**

10. **Provide a statement of the objectives of the activity and the knowledge the participants will have gained upon completion of the activity. Attach additional sheets if necessary.**

11. Provide a description of the objectives of the content and methodology of the activity that will allow the participants to meet the objectives. Attach additional sheets if necessary.

12. Provide a description of the method to be used by participants to evaluate the activity.

13. Provide a description of the method by which you will be providing verification of attendance of participants. Attach a copy of the certificate, if applicable.

14. State whether you will agree to retain attendance lists for a period of five years from the date of the activity.

FOR BOARD USE ONLY

1. Date Received: _____
2. Date Reviewed: _____
3. Approved ____ Yes ____ No
4. Hours approved: _____
5. Date notified: _____
6. Log number: _____