



CSAC-A DIDACTIC TRAINING VERIFICATION

| INSTRUCTIONS | | PLEASE TYPE OR PRINT CLEARLY | |
|--|---------------------|-------------------------------------|---|
| Name of Applicant (Last, First, Middle) | | | |
| Applicants Email Address | | Home and/or Cell Telephone Number | |
| EACH APPLICANT SHALL HAVE RECEIVED A <u>MINIMUM OF 10 CLOCK HOURS</u> IN EACH OF THE EIGHT CONTENT AREAS: | | | |
| CONTENT AREA | COURSE TITLE | NUMBER OF CLOCK HOURS | UNIVERSITY/AGENCY IN WHICH TRAINING WAS PROVIDED |
| Understanding the dynamics of human behavior | | | |
| Signs and symptoms of substance abuse | | | |
| Treatment approaches | | | |
| Case management skills and continuum of care | | | |
| Recovery process and relapse prevention methods | | | |
| Ethics | | | |
| Professional identity in the provision of substance abuse services | | | |
| Crisis intervention | | | |
| Total Clock Hours (minimum 120) _____ | | | |