

**Department of Public Health
Bureau of Substance Abuse Services**

**APPLICATION FOR APPROVAL OF
ADDICTION EDUCATION PROGRAM**

IMPORTANT: This document is set up as a protected form. Please fill it out electronically, clicking and/or using the tab key to move from one field to the next, and clicking boxes where checkmarks are required. Once completed, **this form must be saved as: AEP Application_[Program Name]_[Date]** and emailed to alex.kearns@state.ma.us. Electronic images of signature pages and attachments should also be saved (with Program Name and Attachment Title) and emailed. If necessary, hard copies of the entire packet may be mailed or delivered to:

Department of Public Health
Bureau of Substance Abuse Services
250 Washington Street, Third Floor
Boston, MA 02108
Attn: Quality Assurance and Licensing

Educational Program / Entity Name:			Check if changed since last renewal/approval: <input type="checkbox"/>	
Educational Program / Entity Main Location Address:				
Street:			Tel:	
City:	State:	Zip:	TTY/TDD:	
			Fax:	
Educational/Program Entity Mailing Address:				
NOTE: This is the address BSAS will use to send approval and all other notices.				
Street:			Tel:	
City:	State:	Zip:	TTY/TDD:	
			Fax:	
Multiple Physical Locations and/or Distance Learning Options?			<input type="checkbox"/> YES	
If YES, also complete page 4.			<input type="checkbox"/> No	
Applicant (Corporate) Legal Name (if different from Educational/Program Entity Name):				
Applicant (Corporate) Mailing Address (if different from Educational Program/ Entity Mailing Address)			Tel:	
Street:			TTY/TDD:	
City:	State:	Zip:	Fax:	
Applicant Organization Type:				
Academic Affiliate or part of <i>Public</i> Higher Education Institution (college, junior college or university)				
Academic Affiliate or part of <i>Independent</i> Higher Education Institution (college, junior college or university)				
Free-standing Continuing Education Provider				
Specify whether: <input type="checkbox"/> For Profit, or <input type="checkbox"/> Not for Profit (attach 501 C(3) certificate to Section 1)				
Incorporated in (state):			EIN/TIN:	
Application For: <input type="checkbox"/> New Approval			<input type="checkbox"/> Renewal of Existing Approval	

CURRENT APPROVALS OR ACCREDITATIONS: Complete the table below (*for this Educational Program/Entity*). Enter "N/A" if approval or accreditation is not applicable. **Include copies of actual approvals and accreditations for this program in Section 1 of the application.**

If the program contains multiple locations and/or distance learning unit(s) include copies of approvals and accreditations for these locations in Section 1 after the main program documents (e.g., Section 1A for the first physical location or distance learning option, 1B for the second, etc.). Refer to the Overview document for descriptions of each approving body listed here.

APPROVAL BODY	Approved Provider Number	Current Approval/ Accreditation		Initial or Renewal Application In Process
		Start Date	Expiration Date	Date Submitted <i>(leave blank if not in process)</i>
NASAC:				
NAADAC- Academic Education Provider:				
NAADAC- Continuing Education Provider:				
MA IC&RC PROVIDER (VIA MBSACC):				
OTHER:				

TRAINING/EDUCATIONAL PROGRAM PROVIDED
<i>[FOR RENEWAL APPLICANTS ONLY: Any changes to program since last renewal/approval?</i> <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(if no changes, you may skip to Physical Locations/DL Options)</i>
NUMBER OF CREDIT HOURS YOUR PROGRAM OFFERS: <input type="checkbox"/> 270 CLASSROOM HOURS <input type="checkbox"/> 300 PRACTICUM HOURS <input type="checkbox"/> INDIVIDUAL COURSES OR A CLUSTER OF COURSES – SPECIFY NUMBER OF HOURS:
Brief description of each program provided:

RESPONSIBLE OFFICIALS:

Officer of Governing Body: <i>(e.g. president, chairperson of board)</i>		Title:	
Street Address:		Tel:	
		Fax:	
City:	State:	Zip:	
Email address:			
Executive Director/Other Comparable Title:		Title:	
Street Address:		Tel:	
		Fax:	
City:	State:	Zip:	
Email address:			
Program Director/Other Comparable Title:		Title:	
Street Address:		Tel:	
		Fax:	
City:	State:	Zip:	
Email address:			

Physical Locations and Distance Learning (DL) Options

Please include copies of all approvals and accreditations for each location/DL option, as applicable, in **Application Documentation Section 1**. If there are more than three locations/DL options, copy this page as needed.

<input type="checkbox"/> Location <input type="checkbox"/> Distance Learning Option		
<i>[FOR RENEWAL APPLICANTS ONLY: Any changes to this physical location/DL option since last renewal/approval? <input type="checkbox"/> YES <input type="checkbox"/> NO]</i>		
Location Information		
Street Address:	Telephone:	
City:	State:	Zip:
WEBSITE:		
Person Responsible for this Physical Location/Distance Learning Option:		
Services Provided at this Location/by this Distance Learning Option:		

<input type="checkbox"/> Location <input type="checkbox"/> Distance Learning Option		
<i>[FOR RENEWAL APPLICANTS ONLY: Any changes to this physical location/DL option since last renewal/approval? <input type="checkbox"/> YES <input type="checkbox"/> NO]</i>		
Location Information		
Street Address:	Telephone:	
City:	State:	Zip:
WEBSITE:		
Person Responsible for this Physical Location/Distance Learning Option:		
Services Provided at this Location/by this Distance Learning Option:		

<input type="checkbox"/> Location <input type="checkbox"/> Distance Learning Option		
<i>[FOR RENEWAL APPLICANTS ONLY: Any changes to this physical location/DL option since last renewal/approval? <input type="checkbox"/> YES <input type="checkbox"/> NO]</i>		
Location Information		
Street Address:	Telephone:	
City:	State:	Zip:
WEBSITE:		
Person Responsible for this Physical Location/Distance Learning Option:		
Services Provided at this Location/by this Distance Learning Option:		

ATTESTATIONS and CERTIFICATIONS:

This page must be printed and signed by hand.

I/We hereby certify under the penalties of perjury that to the best of my/our knowledge:

- No license or approval held by this applicant to operate any educational or training function in any jurisdiction has been revoked, suspended or limited;
- No civil action or criminal charge related to the delivery of service or which may affect continued operation is currently pending against the applicant or any person employed by the applicant;
- The program has established All Hazards and Emergency Planning and Procedures;
- The program has established policy and procedures for responding to complaints and investigating and reporting incidents of alleged or suspected physical or sexual assault, abuse or neglect;
- As required by M.G.L.c. 62C, §49A, the applicant has complied with all laws of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting of child support;
- The applicant will comply with the laws of the Commonwealth of Massachusetts, including ADA, and all applicable rules and regulations promulgated by the Department of Public Health and Department of Education; and
- The information included in this application and submitted to the Department related to this application is true.

I/We also affirm that I/we have read and am/are familiar with the [105.CMR 168.000 Licensure of Alcohol and Drug Counselor Regulations](#), BSAS Mission and Vision, Specific Standards including [Principles of Care, Practice Guidance\(s\)](#) and BSAS [Request\(s\) for Response](#). I/We understand that incomplete applications will be returned.

Officer of Governing Body:

Printed Name

Title

Signature _____ Date _____

Education/Training Program Director/Responsible Official:

Printed Name

Title

Signature _____ Date _____

SECTION No.	Application Documentation
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2	MA Specific Content Requirements – Regulatory Standards (all providers) For descriptions of the items below, see Overview Section III: Massachusetts Standards
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75 hours related to alcohol and drug abuse counseling; assessment; clinical evaluation; treatment planning and case management.

Course Name	Hours	Type of Instruction: Choose "In person", "Online" or "Blended"	Description Attached
			<input type="checkbox"/>

75 hours related to patient, family and community education (for alcohol and drugs, HIV/AIDS, infectious diseases, tobacco cessation, etc.); cultural competency and/or other co-existing issues.

Course Name	Hours	Type of Instruction: Choose "In person", "Online" or "Blended"	Description Attached
			<input type="checkbox"/>

SECTION No.	Application Documentation																																																																			
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	10 hours related to professional and ethical responsibilities <table border="1" data-bbox="305 369 1463 1077"> <thead> <tr> <th data-bbox="305 369 789 432">Course Name</th> <th data-bbox="789 369 886 432">Hours</th> <th data-bbox="886 369 1317 432">Type of Instruction: Choose "In person", "Online" or "Blended"</th> <th data-bbox="1317 369 1463 432">Description Attached</th> </tr> </thead> <tbody> <tr><td></td><td></td><td></td><td><input type="checkbox"/></td></tr> </tbody> </table>				Course Name	Hours	Type of Instruction: Choose "In person", "Online" or "Blended"	Description Attached				<input type="checkbox"/>																																																								
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SECTION No.	Application Documentation			
3	MA Specific Content Requirements - BSAS Specific Standards (all providers) Please describe briefly (1-3 sentences) how the courses listed in Section 2 above address the following BSAS Specific Standards. If content is not covered, please check the box marked "not covered." Renewal applicants must only respond if there have been changes since the last application. For descriptions of the items below, see Overview Section III: Massachusetts Standards.			
	A. Learning Experience – throughout the program: <ol style="list-style-type: none"> <li data-bbox="261 1419 1503 1514">1. Describe how your program supports the learning needs of a culturally diverse student body? <li data-bbox="261 1514 1503 1608">2. Describe how your program uses Adult-oriented learning approaches: <li data-bbox="261 1608 1503 1703">3. Describe how your program provides Quality Clinical Supervision: <li data-bbox="261 1703 1503 1799">4. Describe how your program continuously updates its educational content: 			

SECTION No.	Application Documentation
3	<p align="center">MA Specific Content Requirements - BSAS Specific Standards (all providers)</p> <p>Please describe briefly (1-3 sentences) how the courses listed in Section 2 above address the following BSAS Specific Standards. If content is not covered, please check the box marked "not covered." Renewal applicants must only respond if there have been changes since the last application. For descriptions of the items below, see Overview Section III: Massachusetts Standards.</p>
	<p>B. General Content Requirements (separate multiple courses with semi-colons, not paragraphs)</p> <p>1. Addiction covered comprehensively <input type="checkbox"/> Not covered Covered in course/s : Brief Description:</p> <p>2. All stages of substance use <input type="checkbox"/> Not covered Covered in course/s : Brief Description:</p> <p>3. Addiction approached as a chronic disease <input type="checkbox"/> Not covered Covered in course/s : Brief Description:</p> <p>4. Evidence Based Practices are included <input type="checkbox"/> Not covered Covered in course/s : Brief Description:</p> <p>5. Adaptations of techniques for particular populations <input type="checkbox"/> Not covered Covered in course/s : Brief Description:</p> <p>6. Prevention and Treatment approached as collaborative activities <input type="checkbox"/> Not covered Covered in course/s : Brief Description:</p> <p>C. Specific Content Requirements (separate multiple courses with semi-colons, not paragraphs)</p> <p>1. Basic Concepts of Addiction</p> <p>a. Pharmacology/Neurobiology is covered in the following course/s: <input type="checkbox"/> Not covered Brief Description:</p> <p>b. Tobacco is covered in the following course/s: <input type="checkbox"/> Not covered Brief Description:</p> <p>c. Compulsive Gambling is covered in the following course/s: <input type="checkbox"/> Not covered Brief Description:</p> <p>d. BSAS Levels of Care are covered in the following course/s: <input type="checkbox"/> Not covered Brief Description:</p>

SECTION No.	Application Documentation
3	<p align="center">MA Specific Content Requirements - BSAS Specific Standards (all providers)</p> <p>Please describe briefly (1-3 sentences) how the courses listed in Section 2 above address the following BSAS Specific Standards. If content is not covered, please check the box marked "not covered." Renewal applicants must only respond if there have been changes since the last application. For descriptions of the items below, see Overview Section III: Massachusetts Standards.</p>
	<p>2. <u>Ensuring Quality Care</u></p> <p>a. Consumer/Client Rights are covered in the following course/s: <input type="checkbox"/> Not covered</p> <p>Brief Description:</p> <hr/> <p>b. Ethics and Boundaries are covered in the following course/s: <input type="checkbox"/> Not covered</p> <p>Brief Description:</p> <hr/> <p>c. Culturally and Linguistically Appropriate Services (CLAS) are covered in the following course/s: <input type="checkbox"/> Not covered</p> <p>Brief Description:</p> <hr/> <p>d. Self-care is covered in the following course/s: <input type="checkbox"/> Not covered</p> <p>Brief Description:</p> <hr/> <p>e. Evaluation of Service Delivery is covered in the following course/s: <input type="checkbox"/> Not covered</p> <p>Brief Description:</p> <hr/> <p>3. <u>Providing Client-Centered Care</u></p> <p>a. Culturally Competent Care is covered in the following course/s: <input type="checkbox"/> Not covered</p> <p>Brief Description:</p> <hr/> <p>b. Trauma Informed Care is covered in the following course/s: <input type="checkbox"/> Not covered</p> <p>Brief Description:</p> <hr/> <p>c. Family Issues/Involvement is covered in the following course/s: <input type="checkbox"/> Not covered</p> <p>Brief Description:</p> <hr/> <p>d. Age-Specific/Developmentally Appropriate Services are covered in the following course/s: <input type="checkbox"/> Not covered</p> <p>Brief Description:</p>

SECTION No.	Application Documentation
3	<p align="center">MA Specific Content Requirements - BSAS Specific Standards (all providers)</p> <p>Please describe briefly (1-3 sentences) how the courses listed in Section 2 above address the following BSAS Specific Standards. If content is not covered, please check the box marked "not covered." Renewal applicants must only respond if there have been changes since the last application. For descriptions of the items below, see Overview Section III: Massachusetts Standards.</p>
	<p>e. Gender-Specific Services are covered in the following course/s: <input type="checkbox"/> Not covered</p> <p>Brief Description:</p> <hr/> <p>f. Behavior management is covered in the following course/s: <input type="checkbox"/> Not covered</p> <p>Brief Description:</p> <hr/> <p>g. Safety is covered in the following course/s: <input type="checkbox"/> Not covered</p> <p>Brief Description:</p> <hr/> <p>4. <u>Understanding Prevention, Intervention and Outreach Strategies</u></p> <p>a. Prevention is covered in the following course/s: <input type="checkbox"/> Not covered</p> <p>Brief Description:</p> <hr/> <p>b. Intervention is covered in the following course/s: <input type="checkbox"/> Not covered</p> <p>Brief Description:</p> <hr/> <p>c. Outreach is covered in the following course/s: <input type="checkbox"/> Not covered</p> <p>Brief Description:</p> <hr/> <p>5. <u>Supporting Recovery</u></p> <p>a. Self-help is covered in the following course/s: <input type="checkbox"/> Not covered</p> <p>Brief Description:</p> <hr/> <p>b. Medication is covered in the following course/s: <input type="checkbox"/> Not covered</p> <p>Brief Description:</p> <hr/> <p>c. Culture of Recovery is covered in the following course/s: <input type="checkbox"/> Not covered</p> <p>Brief Description:</p> <hr/> <p>d. Responses to relapse is covered in the following course/s: <input type="checkbox"/> Not covered</p> <p>Brief Description:</p>

SECTION No.	Application Documentation
3	<p style="text-align: center;">MA Specific Content Requirements - BSAS Specific Standards (all providers)</p> <p>Please describe briefly (1-3 sentences) how the courses listed in Section 2 above address the following BSAS Specific Standards. If content is not covered, please check the box marked "not covered." Renewal applicants must only respond if there have been changes since the last application. For descriptions of the items below, see Overview Section III: Massachusetts Standards.</p>
	<p>6. Addressing Related Health Needs</p> <p>a. Co-occurring Conditions are covered in the following course/s: <input type="checkbox"/> Not covered</p> <p>Brief Description:</p>
	<p>b. Holistic and nutritional approaches to recovery are covered in the following course/s: <input type="checkbox"/> Not covered</p> <p>Brief Description:</p>
	<p>c. Infectious Disease is covered in the following course/s: <input type="checkbox"/> Not covered</p> <p>Brief Description:</p>
	<p>d. Integrated Care is covered in the following course/s: <input type="checkbox"/> Not covered</p> <p>Brief Description:</p>

SECTION No.	Application Documentation
4	Counseling Practicum
	<p>105 CMR 168.000 requires a 300 hour supervised counseling practicum. Of the 300 total hours each of the 12 core functions must be performed for a minimum of 10 hours and a minimum of one hour of face to face supervision to 10 hours of practical experience must be provided.</p>
	<p>1. Does your program provide a 300 hour practicum? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
	<p>2. Does your program have formal agreement(s) with the practicum provider(s)? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please attach copies of each. <input type="checkbox"/> Copies attached</p>
	<p>3. Please affirm and describe how your program typically evaluates practicum providers in terms of:</p>
	Supervision*:
	Appropriateness of the placement:
	Student evaluation by practicum provider:
	<p>4. Please describe the type and frequency of communication between your program and practicum provider:</p>
	<p>*Supervision must be provided by an LADC I or Senior Clinician [see Definitions in 105 CMR 164.006.]</p>

SECTION No.	Application Documentation
5	Hiring Standards/Policy
	<p>While BSAS does not control the applicant's hiring decisions, the description/policies will be reviewed for evidence that the applicant education/training entity requires:</p> <ul style="list-style-type: none"> • Up-to-date knowledge and experience to teach the substance use and addictions content • Appropriate educational background (Master's degree in a relevant field or equivalent experience) • Appropriate licensures and certifications • Positive References • Consideration of CORI information • Periodic evaluation of instructors
	Please describe your hiring standards for instructors:
	Relevant policies related to qualifications of instructors attached? <input type="checkbox"/> YES <input type="checkbox"/> NO

SECTION No.	Application Documentation
6	Advertising/Marketing Materials
	Please attach a copy of any advertising/marketing materials, demonstrating how you market and advertise your program(s) (can include brochures, web links, etc.)

SECTION No.	Application Documentation
7	Agreement to Update Information – please print and sign by hand
	<p>On behalf of the Applicant, I agree to update BSAS within five (5) business days of any substantive changes to the information provided in this Application, prior to and following approval of the Application. Examples: changes in responsible officials, course content, hours, delivery methods, standards for instructors.</p>
	Name <i>Program Director/Responsible Official</i>
	Signature _____ Date