

**Michigan Certification Board for Addiction Professionals**  
**“Home Study” Continuing Education**  
**Application and Instruction**

**Definition**

“Home Study” is defined as education completed in a non-traditional setting via Internet, television, correspondence, etc. under the direction of an approved instructor. The instructor must include a final exam and the instructor must include certificate of completion **“Home Study” may be used for both initial certification and renewal.**

**Description**

The application form and instructions contained here are to enable presenters of “home study” educational events to obtain approval for their events as meeting criteria that satisfy continuing education requirements for MCBAP Certified Professionals. To be accepted for application toward the continuing education renewal requirement providers must submit the complete application, the requested documentation and the required fee to the mailing address on the application form. Allow four (4) to six (6) weeks for review.

**Criteria**

- 1) Courses must specifically relate to the knowledge and skills necessary to perform the tasks within each IC&RC performance domains in either AODA Counseling, ATOD Prevention or Clinical Supervision
- 2) Courses must not be specific to any state laws or board standards.
- 3) Contact Hour: 3-5 pages of material per contact hour instructional interaction and how contact hours were calculated.
- 4) Participants must demonstrate attainment of the goals and objectives by completing final exam.
- 5) Copy of course evaluation form
- 6) Participants must be provided with certificates of completion which minimally include,
  - the participant’s name,
  - the name of the training organization
  - the date(s) of participation,
  - the title of the course, and
  - the number of contact hours.
- 7) Course developers/writers must have education and experience, which is skill and knowledge base to substance abuse treatment or prevention. Include in your application the developer/writer vita or resume for each course.
- 8) Include advertising materials and approvals from other IC&RC member boards.
- 9) To ensure that credit is correctly assigned to participants, a list, which includes the names and addresses of participants successfully completing the course, must be

submitted to the Michigan Certification Board for Addiction Professionals annually.  
This list is used for monitoring purposes only.

### **Resubmitting Application Annually for Previously Approved Courses**

To obtain approval for previously approved courses that are being offered again:

- Submit a photocopy of a previous letter of approval and a letter stating that the training is the same as previously approved.

If course content is different from what was previously approved, the entire course must be resubmitted for approval

**The processing fee is still required each time the training is submitted.**

### **Educational Calendar and Website**

A calendar listing upcoming approved training events is prepared and distributed quarterly. The calendar is sent to licensed programs, MCBAP certified professionals, and other designated individuals/programs. Your complete application must be approved to be included in the calendar.

### **Fee**

A non-refundable annual fee is required for approval. The fee must be submitted with the application. The approval fee must be submitted annually for each course offered.

4 hours or less	\$30.00
More than 4 hours-up to 8 hours	\$60.00
9 to 12 hours	\$90.00

# Application for Approval of Continuing Education Event for “Home Study”

Application and all supporting documentation **must be typed or legibly printed**. Attach additional pages as needed. Identify the section number for all attachments.

## Section I

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Name of Organization Submitting Application

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Name of Person Submitting Application

Registration Phone Number

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Street Address

City

State

Zip Code

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Title of Education of Training Event

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Number of Contact Hours

BSAS License Number (if applicable)

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Date

## Section II

Attach a list of Education Goals(s) and Objectives(s) and a copy of the coursework, course evaluation, exams, advertising materials and other approvals/endorsements.

Attach a blank copy of the certificate of completion that includes: The participant’s name, the name of your organizations, the dates of completion, the title of the course, and the number of contact hours.

## Section III

List the name(s) of each person on the course development committee for this course. Indicate the organizational affiliation and attach a current resume’ for each person listed.

## Section IV

The person signing below attest that he/she is legally authorized to sign on behalf of the organization sponsoring the education event and that all information and documentation submitted is true and accurate.

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Signature of Person Completing the Application

Date

Attach non-refundable application fee here. **(1.0 – 4.0 hours = \$30.00  
5.0 – 8.0 hours = \$60.00, 9.0 –12.0 hours =\$90.00)** Mail completed application, documentation and fee to:

MCBAP  
616 S. Creyts Rd, Suite A  
Lansing, MI 48917