



Continuing Education Sponsor:

Thank you for your interest in continuing education. The process of endorsing continuing professional training activities is intended to ensure that these activities meet the requirements for certification and/or licensure renewal. Education specific to the areas of addiction, prevention, treatment, counseling, the administration and management of programs, and/or topics relevant to the enhancement of the knowledge and skill of a credentialed professional will be approved for certification/licensure renewal.

Once endorsement is granted, you may advertise that your training activity is Great Plains American Indian Credentialing Board (GPAICB) approved. All continuing educational activities must be approved within 30 days before or after the activity is held.

Procedures for Approval:

Complete and submit the 'Continued Educational Unit Provider Agreement' form, the 'Request for Approval of Continuing Professional Training' form, and the \$50.00 service provider fee (payable in the form of a check or money order). The forms can be downloaded from the GPAICB website. www.gpaicb.com Along with the forms, submit a copy of the brochure/agenda/printed program/etc. for the training activity being held. This documentation must identify: the date(s) and location of the training; an outline of the training activity; the topics covered; instructors and their qualifications/vitae; the number of contact hour being requested; and, the agenda outlining the time frame (actual hours for sessions, breaks, lunches, etc.). Time devoted to breaks, meals, touring of facilities, or any topic not directly related to the training materials, will not be considered or included when awarding Continuing Professional Training hours. The Board will notify you in writing whether the activity is approved.

Once the activity has been approved, you are responsible for providing a certificate of attendance, upon completion, to each attendee. The certificate must include the practitioner's name, the sponsoring agency, the title of the training activity, the date of the training activity, and the number of contact hours completed/earned. The certificate must be signed by a representative of the organization sponsoring the training activity.

Attendees should only be granted the number of contact hours for which they attend. If they leave the training prior to the completion, or attend just one day of a two-day activity, give only the hours for which they are entitled. Attendance sheets must be maintained by the sponsoring agency for three years from the date of the offering.

Thank you for seeking endorsement of your continuing professional training activity and for providing quality continuing education for addiction and prevention professionals.

If you have any questions, please contact the GPAICB Administrator at 605-593-5009 or by email at GPAICB.SD@gmail.com



**GREAT PLAINS AMERICAN INDIAN CREDENTIALING BOARD
CONTINUED EDUCATIONAL UNIT (CEU) PROVIDER AGREEMENT**

Name of Agency _____

OR Sponsor Organization:

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Fax: _____

Email Address _____

Contact Person: _____

I/we agree to adhere to the guidelines of Great Plains American Indian Credentialing Board (GPAICB) for submission of continuing professional training activities to be considered for GPAICB approval. Requests for approval must be submitted within 30 days before or after the activity is held. The GPAICB reserves the right to request additional information for clarity of the training activity. The GPAICB also reserves the right to audit the activity.

Sponsors or organizations providing the training must agree to issue a certificate of attendance, or other evidence of attendance, to the participants and must keep an attendance record for three years from the date of the activity. Certificates of attendance or documentation must include: the practitioner's name; the sponsoring agency; the title of the training activity; the date of the training activity; the number of contact hours completed/earned; and, must be signed by a representative of the organization sponsoring the training activity.

Please submit this 'Agreement', the 'Request for Approval of Continuing Professional Training', the required documentation, and the \$50 service provider fee (payable in the form of a check or money order).

Signature

Date

**GREAT PLAINS AMERICAN INDIAN CREDENTIALING BOARD (GPAICB)
REQUEST FOR APPROVAL OF CONTINUING PROFESSIONAL TRAINING**

(This request must be submitted 30 days before or after the training activity is held.)

Date Submitted: _____

Name of Training Activity:

Type of Training: Conference/Workshop/Seminar/Lecture ____ In-Service Training ____
Internet Training ____

Is there a Registration Fee for this Training Activity? No ____ Yes Amount \$ _____

Sponsoring Agency:

Date of Activity:

Hours of Continuing Professional Training Requested _____

Location of Activity (Site): _____

City: _____ State _____

Instructor(s): _____

Qualifications of Instructor(s): (*Sponsoring Agency attach Vitae*): _____

Documentation of Training Activity must be attached to assist in evaluating the validity of the training. Include a printed program, agenda, or brochure with the topics offered and a complete time schedule (actual hours for sessions, breaks, lunches, etc.).

Person submitting this form (*check one*): I am attending this activity: OR I am a sponsor representative:

(Sponsor must also complete the Educational Provider Status Agreement form)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____

**COMPLETE THE ABOVE INFORMATION AND SUBMIT ORIGINAL AND ONE COPY
OF THIS FORM, ALONG WITH THE TRAINING DOCUMENTATION, TO:
GPAICB, PO Box 1916, RAPID CITY, SD 57709**

APPROVAL: The GPAICB Administrative Office will complete this section, and a copy of the approved form will be returned to you.

THIS TRAINING ACTIVITY HAS BEEN APPROVED FOR:

_____ Hours of Continuing Professional Training

Authorized Signature

Date