

**EDUCATIONAL EVENT ENDORSEMENT REQUEST
TENNESSEE BOARD OF ALCOHOL AND DRUG ABUSE COUNSELORS**

Workshop Title: _____

Event Location, Date and Time: _____

Goal:

Objective:

Primary Trainer and Profession:

Co-Trainer and Profession:

PLEASE INDICATE THE AMOUNT OF TIME ADDRESSING RELEVANT DOMAIN AREAS

HOURS	HOURS
_____ SCREENING	_____ CRISIS INTERVENTION
_____ REPORT AND RECORD KEEPING	_____ INTAKE
_____ CLIENT EDUCATION	_____ REFERRAL
_____ CONSULTATION	_____ TREATMENT PLANNING
_____ ASSESSMENT	_____ COUNSELING
_____ ORIENTATION	_____ CASE MANAGEMENT
_____ ETHICS	_____ ELECTIVE EDUCATION
	_____ TOTAL HOURS

Class Description:

**PLEASE INCLUDE COMPLETE COPY OF TRAINER RESUME, COURSE OUTLINE AND TRAINING MATERIALS TO BE USED FOR THIS EDUCATIONAL EVENT*

**MAIL TO: BOARD OF ALCOHOL AND DRUG ABUSE COUNSELORS
665 MAINSTREAM DR, 2ND FLOOR
NASHVILLE TN 37243**