

**THE MASSACHUSETTS BOARD  
OF SUBSTANCE ABUSE COUNSELOR  
CERTIFICATION, INC.**

P.O. Box 1801  
New Bedford , MA 02741-1801  
(508) 842-8707

**ATTENTION!!!**

**CEU APPLICATION PACKET**

*Attached is the latest version of the MBSACC CEU Application. If you have previously submitted to MBSACC for CEU approval, please discard any and all of the previous forms and instructions you may have on file, and use only the forms in this attached application henceforth. You may print out this file, or leave it on your computer for future access.*

*Applications **must** be submitted **on our forms only**. MBSACC does not accept applications on forms which have been scanned into computers or replicated in any fashion. Our forms may be filled in by hand, but will be returned if they are not legible. A form fill-in function of a computer may be used, but the information must be printed onto a photocopy of **our form** only, and must line up properly. Careful measurements of the lines on our form must be made, but many people have successfully used this method. Applications replicated in any way will be returned without being reviewed.*

***A \$10.00 resubmittal fee** will be assessed for any application which must be returned for non-compliance with either the format or the instructions, so please read the entire packet carefully. If you then have any questions, call this office before submitting. Please review the Fee Schedule to ensure that you are remitting the correct fee with your application. Submitting the incorrect fee will delay the processing of your submittal.*

*MBSACC defines “in-service” training as “training which is provided to (and limited to) the staff within a facility or agency.” In-service training may be conducted by an inside staff trainer (employee of agency/facility) or an outside contracted trainer (not an employee).*

***If the training is conducted by an inside staff trainer, then the word “In-service” must be printed on any Certificate of Attendance provided to the staff.***

*With regard to the two in-service questions which appear on the application form itself, let us clarify. If you circle “yes” to the first in-service question, then you **must** also circle whether the trainer is an inside staff trainer or an outside contracted trainer. If you circle “no” to the first in-service question, then do **not** respond to the second in-service question.*

*Please keep the **CEU Application Form** and the **Certificate of Attendance Agreement Form** on file as masters, and follow the instructions given with regard to these forms.*

*MBSACC will only approve trainings held in the state of Massachusetts, and approval of the training does not infer endorsement of the training.*

*Do not send applications via a delivery service such as UPS, FedEx, or the like, as they cannot deliver to a post office box.*

**THE MASSACHUSETTS BOARD OF SUBSTANCE ABUSE  
COUNSELOR CERTIFICATION, INC.**

**CEU APPLICATION INSTRUCTIONS**

To apply to MBSACC for contact hours for any training which is being offered, please photocopy the page entitled CEU Application Form, fill out the photocopy **in duplicate**, and additionally provide the following information:

- 1) Course description and objectives.
- 2) Name and credentials of trainers.
- 3) A complete agenda for any training that is more than three hours in length. This must include a brief description and the beginning and ending times for each training segment. Non-instructional time (i.e., coffee breaks, lunch, etc.) must be listed on the agenda, but no credit is given for that time.

**ALL APPLICATIONS MUST CONTAIN TWO (2) COMPLETED PHOTOCOPIES OF THE APPLICATION FORM ITSELF WHICH WE HAVE PROVIDED. APPLICATION FORMS NOT SUBMITTED IN DUPLICATE AND/OR THOSE NOT COMPLETED ON PHOTOCOPIES OF THE FORM WHICH WE HAVE PROVIDED WILL BE RETURNED TO YOU WITHOUT BEING REVIEWED. DO NOT PHOTOCOPY ONTO THERMAL OR FAX PAPER. PLEASE DO NOT ENCLOSE TWO SETS OF DESCRIPTIVE MATERIALS WITH YOUR APPLICATION (ONLY THE APPLICATION FORM ITSELF MUST BE SUBMITTED IN DUPLICATE).**

- \*\* Training content must be in the areas of addictions, or counseling, or behavioral sciences (or any combination of these).
- \*\* Each organization (such as MNA and NASW) has its own CEU Application Forms. **Do not** submit copies of these forms to MBSACC as part of your application to us.
- \*\* Applications will not be reviewed without the appropriate fee enclosed.
- \*\* Approval is granted for a period of one (1) year from the date of the initial offering during which the training may be offered an unlimited amount of times. After the one-year period ends, a new application would have to be submitted.
- \*\* MBSACC requires notification of any/all modifications that are made within the one year period to the program content, program personnel, or hours of training. If the changes are significant, the sponsor/contact must submit a brief description of the changes with a Filing Fee of ten dollars (\$10.00).

**THE MASSACHUSETTS BOARD OF SUBSTANCE ABUSE  
COUNSELOR CERTIFICATION, INC.**

**CEU APPLICATION FORM**

**RETAIN THIS SHEET AS A MASTER.  
THIS FORM MUST BE SUBMITTED IN DUPLICATE.**

SPONSORING AGENCY \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ PHONE (    ) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

OFFERING TITLE \_\_\_\_\_

TRAINING DATE(S) \_\_\_\_\_ TIME \_\_\_\_\_

LOCATION \_\_\_\_\_

ATTENDANCE FEE/S \_\_\_\_\_

CONTACT HOURS REQUESTED \_\_\_\_\_

IS THIS AN IN-SERVICE TRAINING?    YES    NO    (Please Circle Choice)

IF **YES**, IS THIS TRAINING BY:    (Please Circle Choice Below)

1.) INSIDE STAFF TRAINER    OR    2.) OUTSIDE CONTRACTED TRAINER

~~~~~

**DO NOT WRITE BELOW THIS LINE - FOR OUR OFFICE USE ONLY**

**THE MASSACHUSETTS BOARD  
OF SUBSTANCE ABUSE COUNSELOR  
CERTIFICATION, INC.**

*P.O. Box 1801  
New Bedford, MA 02741-1801  
(508) 842-8707*

**PRESENTER INFORMATION**

*This notification is being sent out with all CEU Application approvals to advise all applicants what MBSACC means by presenter information. The following information is required for each trainer/presenter:*

- 1. Name of trainer/presenter*
- 2. Name and address of current workplace of trainer/presenter*
- 3.. Current position held by trainer/presenter*
- 4. Education of trainer/presenter*
- 5. List all licenses and/or certifications held by the trainer/presenter, name of the issuing organization of each credential, state in which the credential was issued, and the expiration date of the credential*
- 6. Pertinent/relevant work experience only*

*If you provide the required information listed above via a trainer/presenter=s résumé or C.V., please do not include superfluous information such as publications, previous presentations, hobbies, etc. MBSACC does not want this information.*

*What we are trying to accomplish is to obtain the information listed above in as few pages as possible (1 - 2 pages maximum). We appreciate your cooperation in this matter.*

**THE MASSACHUSETTS BOARD OF SUBSTANCE ABUSE  
COUNSELOR CERTIFICATION, INC.**

**CERTIFICATE OF ATTENDANCE AGREEMENT FORM  
RETAIN THIS SHEET AS A MASTER**

*Make a photocopy of this master, sign and date the photocopy at the bottom, and submit the photocopy with your application. Approval of your CEU Application is contingent upon adhering to the following conditions.*

**A Certificate of Attendance must be provided to each attendee and must contain the following information:**

1. *Attendee's name. The name may be hand-written on the certificate, but **only** by a representative authorized to do so by the sponsor(s) of the training who must then **print** his/her name (initials will not suffice) and the date in parentheses beside the attendee's name. **Under no circumstances shall a certificate be handed out blank to be filled in by the attendee.***
2. *The offering title.*
3. *The name(s) of the sponsoring agent(s)/organization(s).*
4. *The date(s) of the offering.*
5. *The location where the training takes place.*
6. *The number of approved training hours.*
7. *The authorized signature designated by the sponsor(s).*

*There is an additional requirement that must be met in order for the CEU application to be approved:*

1. *Sponsors must agree to require attendees to **both** sign in **and** sign out, and agree to list on the Certificate of Attendance only those instructional hours actually completed by the attendee. Sponsors must also agree to keep a list of attendees on file for a minimum of three (3) years.*

~~~~~

*I have read and noted the requirements of MBSACC contained herein, and agree to conform/adhere to those requirements.*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Agency*

\_\_\_\_\_  
*Date*

**THE MASSACHUSETTS BOARD OF SUBSTANCE ABUSE  
COUNSELOR CERTIFICATION, INC.**

**CEU FEE SCHEDULE**

**Fee Schedule A - One-Day** Continuing Education Programs/Trainings

For 3 hours or less.....	\$20.00
For more than 3 hours .....	\$30.00

**Fee Schedule B - Multi-Day** Programs/Trainings/ Courses

Less than 8 hours.....	\$ 30.00
8 - 15 hours .....	\$50.00
16 - 25 hours .....	\$75.00
26 - 40 hours .....	\$100.00
Over 40 hours - fee will be computed @ \$1.00 per additional hour	

**PLEASE NOTE:**

When determining the fee for trainings that fall in between the ranges given above, round **down**. For example, the fee for a training 15.5 hours in length would be \$50.00, not the fee for the higher range of 16 – 25 hours..

Also, in determining the number of contact hours to request for approval, please be advised that MBSACC determines credit hours on the basis of **instructional time only** (one hour of instruction = one contact hour), and does not award credit for registration time, coffee breaks, lunch time, etc.

**IMPORTANT**

**PLEASE MAKE ALL CHECKS/MONEY ORDERS  
PAYABLE TO MCVCAC.**

**THE MASSACHUSETTS BOARD OF SUBSTANCE ABUSE  
COUNSELOR CERTIFICATION, INC.**

**F Y I**

**(FOR ORDERING MAILING LIST ONLY – NOT PART OF APPLICATION)**

*For a fee, the MBSACC membership mailing list is available for the purposes of advertising employment opportunities or for advertising trainings for continuing education credit. Trainings must first be submitted to MBSACC for CEU approval, and certain other conditions apply (see Conditional Purchase Agreement). The following basic rates reflect the fees for advertising a single training or employment opportunity:*

**Labels (one set - one training - one-time use) -**

Massachusetts Only (Counselors residing in MA)..... \$175.00

Entire Membership List..... \$200.00

**To advertise multiple trainings in the same mailing the following additional rates apply (this applies to a brochure advertising multiple trainings as well):**

2 - 5 trainings .....\$25.00 each additional training  
6 or more.....\$15.00 each additional training

*To place an order, send a check (payable to **MCVCAC**) for the appropriate amount along with a letter detailing your intended use for the labels and a signed copy of the attached Conditional Purchase Agreement to:*

MBSACC  
P.O. Box 1801  
New Bedford, MA 02741-1801

*(Please allow 2 - 3 weeks for receipt of the labels.)*

*Labels are generally provided in zip code order, alphabetically within each zip. Labels are laser printed on pressure sensitive sheets with labels 3 across and 10 down and include the member's name and address only.*

*Each mailing list purchase is for one-time-only use; therefore, MBSACC does **not** provide the list in electronic format. Purchasers must read and sign the agreement on the following page.*

**THE MASSACHUSETTS BOARD OF SUBSTANCE ABUSE  
COUNSELOR CERTIFICATION, INC.**

**CONDITIONAL PURCHASE AGREEMENT**

*I, the undersigned, agree to adhere to the following terms and conditions in order to purchase from MBSACC its membership list in label format:*

- 1. I agree that the labels will not be used for any purpose other than that which was submitted to MBSACC for usage approval.*
- 2. I agree that no copy(ies) shall be made of the labels, in any way, shape or form (including photocopies or for private or public database), to be used for future use.*
- 3. I agree that the labels will be used only once (and only for the agreed-upon purpose), and that, should I require the labels in the future, I will submit to MBSACC at each subsequent instance for usage approval.*
- 4. I agree that I will not turn over to, or provide copies for, any other party or otherwise disclose the contents of the labels (for which I alone have been granted approval) to anyone else.*

*I have affixed my signature below and have attached a description of my intended use of the labels. I understand that approval for release and use of the labels (for one time) is solely the discretion of MBSACC.*

---

*Signature*

---

*Agency or Organization*

---

*Date*