

# **DISTANCE LEARNING/INDEPENDENT STUDY/WEBINAR NOTICE FORM**

Approved Providers must submit notification of all distance learning/independent study/webinar programs and obtain approval from the TCBAP Standards Committee. This form must be submitted to TCBAP. No other notification will be accepted. The TCBAP Standards Committee will respond in writing within ninety (90) days with course approval, a request for more information, or course denial and explanation.

## **PROVIDER INFORMATION**

Provider Name (as it appears on provider certificate) \_\_\_\_\_

Provider Number \_\_\_\_\_

## **PROGRAM INFORMATION**

Program Title \_\_\_\_\_

Program Format (e.g. internet course, video and text, etc.) \_\_\_\_\_

Program Instructor(s) \_\_\_\_\_

Program Date \_\_\_\_\_

Program Time \_\_\_\_\_

Duration \_\_\_\_\_

### **PLEASE ATTACH THE FOLLOWING ITEMS TO THIS NOTICE:**

- (1) Course outline and objectives
- (2) List of course references
- (3) Detailed description of how course functions, including a description of how students will have access to the instructor

Will this program be advertised?                      YES                      NO

Will this program be open to all professionals?   YES                      NO

### **PLEASE CATEGORIZE HOURS AS FOLLOWS:**

\_\_\_\_\_ General Education Credit Hours  
\_\_\_\_\_ Ethics Credit Hours  
\_\_\_\_\_ Clinical Supervision Credit Hours  
\_\_\_\_\_ Cultural Awareness Credit Hours  
\_\_\_\_\_ Dual Diagnosis Credit Hours  
\_\_\_\_\_ Prevention Credit Hours  
\_\_\_\_\_ Criminal Justice Hours  
\_\_\_\_\_ HIV/STD Hours

\_\_\_\_\_ **TOTAL CREDIT HOURS OFFERED FOR THIS COURSE**

MAIL/FAX/EMAIL THIS FORM TO:

**TCBAP, 401 Ranch Road 620 South, STE. 310, AUSTIN, TX 78734**

**FAX: (888) 506-8123 \* EMAIL: admin@tcbap.org**

### **FOR OFFICE USE ONLY**

Date received: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Approval Date: \_\_\_\_\_

Notes: \_\_\_\_\_