

IAPP 3-Hour College Level Drug Course Exemption Request

The **“College Course Credit Request Form”** should be completely and comprehensively filled out and submitted to IAPP for review and approval. This form is utilized for those seeking exemption from the required 3-Hour College Level Course training required for certain professional certifications. Any applicant seeking approval for a previously completed college level drug course may submit this form to seek exemption.

- The completed form must be submitted to the IAPP Director as instructed on the organization’s web site for preliminary consideration.
- All supporting documentation as indicated on the request form should be attached with request and submitted to the IAPP Director as instructed. (In most instances, a copy of an official transcript indicating completion of the applicable course will suffice).
- IAPP may have developed a pre-approved list of acceptable courses being presented by reputable institutions. All other requests will be reviewed and approved/disapproved by the Board or its appointed training committee.
- The Director will have no discretionary powers to approve questionable courses that are presented and will report these applications, concerns and disputes to the IAPP Board as part of the activity reports offered at regularly scheduled Board meetings. The Board will make the final determination for approval/rejection.
- Exceptions and new offerings will be presented to and reviewed by the Board or its designated subcommittee, whose responsibility it will be to determine applicability of the training for the benefit and furtherance of the IAPP mission.
- The Director will report to the applicant the decision reached by the Board via print or electronically and will keep record of all approved college course hours in each individual member’s file.



**Indiana Association of Prevention Professionals
COLLEGE COURSE CREDIT REQUEST FORM**

IAPP – COLLEGE COURSE CREDIT REQUEST FORM – use separate form for each person and class

Member Name: _____ Membership #: _____

Address:

Institution: _____

Location:

Date(s):

Instructor: _____

Course Title:

Course Number: _____ Department: _____

Course Description:

How does this course apply to the field of Prevention:

IAPP MEMBER COMPLETES THIS SECTION:

I hereby verify that I participated in the training named above.

Signature _____ Date

Membership #: _____ CPP: _____ QPP: _____

DO NOT WRITE IN THIS SECTION – IT WILL BE COMPLETED BY IAPP.

Course Credit Approval: YES (# hrs. _____) NO (# hrs. _____)

Signature _____ Date