



**COMMONWEALTH OF VIRGINIA  
Department of Health Professions  
Board of Counseling**

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**CSAC-A DIDACTIC TRAINING VERIFICATION**

<b>INSTRUCTIONS</b>		<b>PLEASE TYPE OR PRINT CLEARLY</b>	
Name of Applicant (Last, First, Middle)			
Applicants Email Address		Home and/or Cell Telephone Number	
<b>EACH APPLICANT SHALL HAVE RECEIVED A <u>MINIMUM OF 10 CLOCK HOURS</u> IN EACH OF THE EIGHT CONTENT AREAS:</b>			
<b>CONTENT AREA</b>	<b>COURSE TITLE</b>	<b>NUMBER OF CLOCK HOURS</b>	<b>UNIVERSITY/AGENCY IN WHICH TRAINING WAS PROVIDED</b>
Understanding the dynamics of human behavior			
Signs and symptoms of substance abuse			
Treatment approaches			
Case management skills and continuum of care			
Recovery process and relapse prevention methods			
Ethics			
Professional identity in the provision of substance abuse services			
Crisis intervention			
Total Clock Hours _____ (minimum 120)			