CAC Candidate's Name:	CCB Registry #:	*Please attach to this form verification (copy of a certificate of attendance or transcript) for all trainings listed on this form.*

CAC Training Documentation Form

Please number each copy of training verification (certificate or transcript) to correspond with the line number listed on this form

#	Training Date	Course/Training Title	Training location and Sponsor	Instructor	Contact hours	Documentation type	Addiction Specific	Elective with Addiction Content
			EXAMPLE					
1	Fall 2009	Intro to Psychology	Tunxis CC/DARC	Freud	45	Transcript	No	YES
2	April/22/2009	Ethics In Behavioral Healthcare	Mountainside	Rosier	3	Certificate	Yes	No
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