CIT 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.*

CIT 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	06/08/2010	CCB Certification Process Overview	Wallingford, CT/CCB	Quamme	6	Certificate	Yes	No
2	Fall 2009	Intro to Counseling	Gateway CC/DARC	Maslow	10	Transcript	No	Yes
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