

**DIVISION OF COMMUNITY BASED CARE SERVICES**  
**BUREAU OF DRUG AND ALCOHOL SERVICES**  
105 Pleasant St, Concord NH 03301  
**IMPAIRED DRIVER EDUCATION PROGRAM**  
**Instructor Certification / Re-Certification Application**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE (H): \_\_\_\_\_ TELEPHONE (W): \_\_\_\_\_

AFFILIATED IDCMP: \_\_\_\_\_

**Instructions for certification in accordance with He-A 500 rules**

1. Indicate with a check mark which category of certification you are requesting.
2. Attach a copy of your diploma and/or transcript and a current resume. Minimum high school diploma or GED is required.
3. Return this application along with the required attachments to the address above.

\_\_\_\_\_ Category A – Possession of a valid New Hampshire MLADC/LADC license. Attach a current copy of your license and documentation of 6 months substance abuse and group counseling experience or otherwise formal group activities facilitation.

LADC #: \_\_\_\_\_ Expiration: \_\_\_\_\_

\_\_\_\_\_ Category B

- (1) Document a minimum of one year's full time experience, which shall be 35 hours per week, in the field of education, social sciences training, or substance abuse and group counseling or otherwise formal group activities facilitation; and
- (2) Document 48 hours of education or training, of which no more than 10 hours shall be done online, which has been approved by the NH board of licensing for alcohol and other drug use professionals in RSA 330-C, in relevant impaired driver services education, including, at a minimum, the topics of NH impaired driver laws, ethics, and confidentiality; and
- (3) Up to 24 hours of the education and training required by (2) above may be substituted for individuals who document 40 hours of co-facilitation in an IDEP class with a certified instructor, verified by the signature of the IDCMP program director.

**Instructions for re-certification in accordance with He-A 500 rules**

Document 48 clock hours of in-service training and/or education in the substance abuse field. If your IDEP certification has already expired, you must document an additional 2 hours for every month since your expiration date. Please note that information will not be returned.

List below the courses, workshops and/or seminars you are submitting for your re-certification.

- (a) If you are a NH MLADC/LADC, submit a copy of your current NH license **or** document your clock hours of training/education attained within the past 3 years from the expiration date of your IDEP certificate by attaching a copy of your certificate, transcript, or a letter of attendance **which includes the number of hours and a course outline for each course or workshop if the course/workshop was not pre approved by the NH Board of Licensed Alcohol and Drug Abuse Professional Practice**. If your license is about to expire, your IDEP re-certification will not be processed until verification of your new license has been received, or
- (b) If you are not a NH MLADC/LADC you must submit your certificates, transcript or letters of attendance as stated above.

Upon approval, a certificate shall be valid for three calendar years from the date of issuance, unless certification is revoked. Re-certification packets will be sent prior to expiration and must be returned to this office no later than 30 days prior to expiration. If your certification lapses, you must begin the process anew. You must notify this agency in writing of any change of address.

**Continued on other side**

He-A 509.06 Revocation of Certification.

- (a) The department shall revoke the certification of an instructor for any of the following reasons:
- (1) Failure to act in accordance with He-A 500;
  - (2) Engaging in the practice of IDEP instruction in a manner that is harmful or dangerous to the client;
  - (3) Engaging in sexual relations, soliciting sexual relations, or committing an act of sexual abuse or misconduct with or against a client;
  - (4) Failing to remain free from the use of any controlled substance or any alcoholic beverage to the extent the use impairs the ability of the person to perform his or her duties as an instructor;
  - (5) Behavior or speech during IDEP instruction or instructor training that is offensive to class members due to its sexually explicit or sexually, racially, or ethnically derogatory nature;
  - (6) Where the instructor has been arrested for any DWI or any drug or alcohol related offense within the current certification period and there is probable cause to believe that the person committed the offense; or
  - (7) Failure to maintain client confidentiality in accordance with He-A 507.01.

I acknowledge that I have read the above and agree to abide by the He-A 500 rules.

\_\_\_\_\_  
Signature Date

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TITLE: \_\_\_\_\_

INSTRUCTOR: \_\_\_\_\_ LOCATION: \_\_\_\_\_

SPONSORING AGENCY: \_\_\_\_\_

DATES OF ATTENDANCE: \_\_\_\_\_ # OF HOURS: \_\_\_\_\_

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TITLE: \_\_\_\_\_

INSTRUCTOR: \_\_\_\_\_ LOCATION: \_\_\_\_\_

SPONSORING AGENCY: \_\_\_\_\_

DATES OF ATTENDANCE: \_\_\_\_\_ # OF HOURS: \_\_\_\_\_

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TITLE: \_\_\_\_\_

INSTRUCTOR: \_\_\_\_\_ LOCATION: \_\_\_\_\_

SPONSORING AGENCY: \_\_\_\_\_

DATES OF ATTENDANCE: \_\_\_\_\_ # OF HOURS: \_\_\_\_\_

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INSTRUCTOR: \_\_\_\_\_ LOCATION: \_\_\_\_\_

SPONSORING AGENCY: \_\_\_\_\_

DATES OF ATTENDANCE: \_\_\_\_\_ # OF HOURS: \_\_\_\_\_

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INSTRUCTOR: \_\_\_\_\_ LOCATION: \_\_\_\_\_

SPONSORING AGENCY: \_\_\_\_\_

DATES OF ATTENDANCE: \_\_\_\_\_ # OF HOURS: \_\_\_\_\_

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INSTRUCTOR: \_\_\_\_\_ LOCATION: \_\_\_\_\_

SPONSORING AGENCY: \_\_\_\_\_

DATES OF ATTENDANCE: \_\_\_\_\_ # OF HOURS: \_\_\_\_\_

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INSTRUCTOR: \_\_\_\_\_ LOCATION: \_\_\_\_\_

SPONSORING AGENCY: \_\_\_\_\_

DATES OF ATTENDANCE: \_\_\_\_\_ # OF HOURS: \_\_\_\_\_

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INSTRUCTOR: \_\_\_\_\_ LOCATION: \_\_\_\_\_

SPONSORING AGENCY: \_\_\_\_\_

DATES OF ATTENDANCE: \_\_\_\_\_ # OF HOURS: \_\_\_\_\_

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INSTRUCTOR: \_\_\_\_\_ LOCATION: \_\_\_\_\_

SPONSORING AGENCY: \_\_\_\_\_

DATES OF ATTENDANCE: \_\_\_\_\_ # OF HOURS: \_\_\_\_\_

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INSTRUCTOR: \_\_\_\_\_ LOCATION: \_\_\_\_\_

SPONSORING AGENCY: \_\_\_\_\_

DATES OF ATTENDANCE: \_\_\_\_\_ # OF HOURS: \_\_\_\_\_

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Make additional copies as needed.

TOTAL OVERALL HOURS \_\_\_\_\_