

Identify those subject matter experts and educational consultants who assisted in the development of the program			
Name	Professional Affiliations/Credentials	Staff Member at the College	Telephone #
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	

Section 4: Program/Course Validation and Maintenance

The curriculum must be evidence based and validated by an advisory committee.
 Program/Course has been reviewed by an advisory committee: Yes (attach meeting minutes) No (explain below)

Describe the methods to be used by the institution to determine whether the program is meeting its attended goal of providing students with the knowledge and skills

The program must have clear measurable learning outcomes. All content must be accurate and have addictions specific focus. Assessments strategies must include written and oral components which align with the learning outcomes.

- Include all course /program outlines:
- Include samples of assessments for each course:

Section 5: Instructor Qualifications

Instructors must possess a minimum of a diploma degree and meet the requirements of the Provincial Education authority. Instructors must also demonstrate that they meet the requirements for ICADC and CCAC certification. Please provide a description of the instructors qualifications and experience:

Section 6: Declarations

I declare that the curriculum documents supplied are the property of:

--

Note: in the event the curriculum documents present for assessment are NOT the property of the institutions submitting, documented evidence of the rightful owners' permission allowing use of their curriculum by another party is required before CACCF or its agents complete the assessment process.

I declare the curriculum documents supplied are NOT the property of:

--

I declare that the curriculum documents supplied are the property of:

--

to use and submit to the CACCF for assessment (attached).

Name of Person submitting (please print)	_____
Signature	_____ Date _____
Phone	_____ FAX _____
Email	_____
Institution Web Site	_____



Application for Curriculum Review – Practicum Placement Overview

ALL SECTIONS OF THIS APPLICATION MUST BE COMPLETED
 Note: You must complete this form for each full program or individual course you wish reviewed

Please demonstrate how each of the core functions will be assessed (for more information on the Twelve Core Functions please refer to http://www.caccf.ca/pdf/12_core_functions.pdf):

Twelve Core Functions	Number of Hours	Name of Supervisor/Phone number
Client Screening		
Client Intake		
Client Orientation		
Treatment Planning		
Clinical Assessment		
Counselling		
Case Management		
Crisis Intervention		
Client Education		
Referral		
Reports and Record Keeping		
Consultations with other Professionals		
Total Supervised Clinical Training Hours		