



Addiction Courses Completed

for the Board of Behavioral Health

Last updated: 3/3/2025

FOR ADDICTION COUNSELING APPLICANTS: List all relevant courses, whether they were taken as part of a degree or certificate program or not. Use additional sheets if necessary. Include certificates of completion and transcripts. (Transcripts must come directly from the school.) Upload this form with your online application, or send it to dlibsdbbh@mt.gov.

Name: _____ Email address: _____

Total from each category:	
<div>ex: 60</div>	ADDICTION ASSESSMENT (must include chemical dependency assessment, biopsychosocial testing, diagnosis, referrals, and patient placement)
<div>ex: 90</div>	ADDICTION COUNSELING
<div>ex: 15</div>	PHARMACOLOGY (must include drug classification, effects, detoxification, and withdrawal)
<div>ex: 15</div>	ETHICS FOR COUNSELORS
<div>ex: 30</div>	ALCOHOL AND DRUG STUDIES
<div>ex: 30</div>	ADDICTION TREATMENT PLANNING AND DOCUMENTATION
<div>ex: 15</div>	MULTICULTURAL COMPETENCY (knowledge of and sensitivity to the cultural factors and needs of diverse populations and demonstrated competency in applying culturally relevant skills)
<div>ex: 15</div>	CO-OCCURRING DISORDERS
<div>ex: 15</div>	GAMBLING/GAMING DISORDER ASSESSMENT AND COUNSELING
	GRAND TOTAL (285+)

ADDICTION ASSESSMENT

Course Title (and course number if applicable)	Institution or Provider	Hours 60+
Total:		

ADDICTION COUNSELING

Course Title (and course number if applicable)	Institution or Provider	Hours 90+
Total:		

PHARMACOLOGY

Course Title (and course number if applicable)	Institution or Provider	Hours 15+
Total:		

ETHICS FOR COUNSELORS

Course Title (and course number if applicable)	Institution or Provider	Hours 15+
Total:		

ALCOHOL AND DRUG STUDIES

Course Title (and course number if applicable)	Institution or Provider	Hours 30+
Total:		

ADDICTION TREATMENT PLANNING AND DOCUMENTATION

Course Title (and course number if applicable)	Institution or Provider	Hours 30+
Total:		

MULTICULTURAL COMPETENCY

Course Title (and course number if applicable)	Institution or Provider	Hours 15+
Total:		

CO-OCCURRING DISORDERS

Course Title (and course number if applicable)	Institution or Provider	Hours 15+
Total:		

GAMBLING/GAMING DISORDER ASSESSMENT AND COUNSELING

Course Title (and course number if applicable)	Institution or Provider	Hours 15+
Total:		