

Process for Requesting an On-site Training Regulated by  
The Commonwealth of Pennsylvania's  
Bureau of Drug and Alcohol Programs

The following is a description of the process for requesting an on-site training, which is regulated by the Commonwealth of Pennsylvania's Bureau of Drug and Alcohol Programs (BDAP). As stipulated by BDAP, on-site training requests for Philadelphia County must come through the Philadelphia Single County Authority (SCA) or his/her designee. In this case, the designee for the Philadelphia SCA is Craig Strickland, Ph.D., Program Director of the Behavioral Health Training and Education Network (BHTEN). His contact information is as follows:

Craig Strickland, PhD  
520 N. Delaware Avenue, Suite 205  
Philadelphia, PA 19123  
Ph: 215-923-2116, ext. 277; Fax: 215-923-2439  
e-mail: [cstrickland@pmhcc.org](mailto:cstrickland@pmhcc.org)

Before completing and submitting the enclosed "Training Request Form", please read the following regulations established by BDAP:

1. "No On-Site Training Requests will be approved if the requested training is or has been offered in a Mini-Regional training or another approved On-Site Training within thirty days and fifty (50) miles of the requestor. When planning On-Site trainings based on this directive, Single County Authorities (SCAs) and providers are encouraged to utilize a regional approach" (this statement is taken directly from the BDAP Bulletin No. 7-06, BDAP Training System Protocols). Please contact BHTEN if you would like to receive a faxed copy of this bulletin; this bulletin can also be obtained by going to the BDAP website at <http://www.dsf.health.state.pa.us/health/cwp/view.asp?A=173&q=233481>
2. On-site training requests must be received by BDAP, through the SCA, at least 60 days prior to the requested training date, but no more than 90 days prior to the training date; thus, there is a 30 day window for submitting on-site training requests. Failure to adhere to these timeframes will result in denial of your on-site training request.
3. On-site training requests can also be denied if there is insufficient funds in a given approved trainers' contract.

Those requesting on-site trainings must check the BDAP Training Management System (BTMS) website prior to submitting a training request. In order to do so, you must go to <https://bdap.health.state.pa.us/btms/logon.aspx> and set up a user profile (this is free and only takes a few minutes). You will see a link for "new users" and will also be able to download a manual which explains the purpose and function of the BTMS website. Thus, setting up a user profile allows you to:

1. View all regional training, mini-regional trainings and onsite-training requests that have been approved by BDAP; this includes information about topic, training date(s), location, etc. and will help you as you get ready to submit a training request.
2. Checking the website in advance of submitting an on-site training request will **lessen the chance that your on-site training request gets denied by BDAP especially due to the aforementioned 30 days/fifty mile rule.**

Once you have checked the BDAP training management system, you can fill out the training request form (see page 2, On-Site Training Request Form). It is your responsibility to contact the trainer re: availability prior to submitting your on-site training request.

## ON-SITE TRAINING REQUEST FORM

The BHTEN Program Director must receive this request at least 60 days but no more than 90 days prior to the desired training date (since there is no guarantee the request will be submitted by BHTEN on the day it is received, it will be in your best interest to submit your request at least 70 days prior to the training date)

Fax to: Craig Strickland, PhD  
 Program Director, BHTEN  
 Fax# 215-923-2439  
 Email [cstrickland@pmhcc.org](mailto:cstrickland@pmhcc.org)

From (your name) \_\_\_\_\_  
 Your Position: \_\_\_\_\_  
 Agency Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

1a) Check One: \_\_\_ Drug and Alcohol Facility(ies) \_\_\_ SCA  
 \_\_\_ Other Organization (*please specify*) \_\_\_\_\_

1b) If representing a consortium, name principal agencies: \_\_\_\_\_

2) Audience:

a) Who is the audience? Specify numbers within each category listed below

\_\_\_ Counselors \_\_\_ Administrators \_\_\_ Support \_\_\_ Prevention \_\_\_ Intervention  
 \_\_\_ Other (*list who*) \_\_\_\_\_

b) How many people will attend? \_\_\_ 15-25 \_\_\_ 26-40 \_\_\_ 41-75 \_\_\_ 76-100 \_\_\_ 101 or more

c) It is very important that the trainer's presentation is matched as closely as possible with the skill, knowledge and experience level of the audience. Please state in your own words the profile of the audience to the extent that is known. Attach a separate sheet if necessary. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3) Training Format (*please indicate your preference of training format*):

\_\_\_ Lecture – didactic presentation: ½ day \_\_\_ Course – didactic and experimental mix; 1-5 days  
 # of days of this training: \_\_\_\_\_

Start Time: \_\_\_\_\_ End time: \_\_\_\_\_

4) Content and Trainer:

a) What are the learning objectives for this training event? Please be specific: attach additional pages, if necessary (Ex: Participants will learn how to write a case history) \_\_\_\_\_  
 \_\_\_\_\_

b) What title would you use to describe the training event? \_\_\_\_\_

c) If you have a trainer in mind, please write his/her name here: \_\_\_\_\_  
 Trainer Phone #: \_\_\_\_\_

5) Logistics:

a) What is your desired training date? If you have a preferred day of the week/month, please note. Also, please list two alternate dates. \_\_\_\_\_

b) Where will the training take place? If known, list the name, address, phone number and the contact person for the training site: \_\_\_\_\_  
 \_\_\_\_\_

c) Do you plan to charge a fee for meals/break? \_\_\_ Yes \_\_\_ No If yes, how much are you planning to charge per participant? \$\_\_\_\_\_ What is the cost of your meals/breaks per participant? \$\_\_\_\_\_