



Life Recovery Center Training Institute  
Attention: Dr. Eric Davis, Director  
8150 Madison Avenue  
Indianapolis, IN 46227

**APPLICATION FOR ENDORSEMENT OF EDUCATION/TRAINING HOURS**

Program Sponsors: \_\_\_\_\_

Program Title: \_\_\_\_\_

Program Location: \_\_\_\_\_

Program Date(s): \_\_\_\_\_ Total Clock Hours: \_\_\_\_\_

Estimated # of Registrants: \_\_\_\_\_ Intended Audience: \_\_\_\_\_

PLEASE ATTACH A PROGRAM REVIEW WHICH INCLUDES THE FOLLOWING INFORMATION:

*Measurable Learning Objectives*

*Brief Program/Course Description*

*Format of Instruction*

*Method of Determining Successful Completion (i.e., evaluation form)*

*Instructor(s) Names and Credentials*

*Agenda Time Frames*

Enclosed is the Endorsement Fee of \_\_\_\_\_ @ \$10.00 per clock hour.

(Make checks payable to "Life Recovery Center")

APPLICANT'S NAME (Sponsor's Representative): \_\_\_\_\_

APPLICANT'S MAILING ADDRESS: \_\_\_\_\_

APPLICANT'S PHONE NO. AND E-MAIL: \_\_\_\_\_

*Please allow 30 days for approval.*

*Do not submit records of attendance but retain for your files only.*

*Endorsements valid one year from date of application; notify LRCTI of substantial changes to content.*

LRCTI USE ONLY	
Date: _____	Approved for _____ clock hours.
Not approved due to: _____ _____	
Approving signature: _____	