Alcohol & Drug Awareness Program (ADAP)
Instructor Requirements and Responsibilities

Requirements for ADAP Instructors

1. Must be either of the following:
   • A DDS certified Driver Training or Driver Improvement Instructor
   • An educator with a public or private high school
   • A staff member of a public or private high school
   • Local and state law enforcement officers

   AND

2. Must attend ADAP Instructor Training course at DDS Headquarters or observe all sessions of an ADAP class at an approved site.
   □ I would like to attend an upcoming Training course at DDS on ___________________________.
   □ I observed all sessions of the ADAP course at my school, which has been approved by DDS to teach the course, as acknowledged below:

   __________________________________________, attended all sessions of my Alcohol and Drug Awareness Program (ADAP) class on __________________________ located at __________________________________________.

   Date                                                                                                   Site Attended

   ADAP Instructor Name      Instructor Signature                                Date

Responsibilities for ADAP Instructors

2. Use the most recent training materials provided by the Department of Driver Services.
3. Ensure that User ID and Password are kept confidential and only the instructor has access to the ADAP site.
4. Ensure that students who attend the class are between the ages of 13 & 17 years old.
5. Ensure students attend all sessions.
6. Ensure that student rosters are created online in the ADAP site using the correct information for each student in attendance.
7. Ensure that only students who score a minimum of 70 or above are allowed to successfully pass the ADAP course.
8. Ensure that only students who successfully complete the ADAP course receive a Certificate of Completion.
9. Ensure that student’s name on the Certificate appears as it is on their birth certificate (Legal Name).
10. If ADAP course is taken in conjunction with Driver Training, ensure that the ADAP certificate of completion is awarded at the same time the Driver Training certificate is awarded.

I hereby acknowledge that I, ________________________________________, have received and understand the Department of Drivers Services’ (DDS) prescribed requirements and responsibilities for ADAP instructors.

School Name:________________________________________________________________________________________________

Legal Signature:____________________________________________________________________ Date:____________________________