



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

Requirements for ADAP Instructors

- 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

- 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 _____
Date of class

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
Applicant Name
(ADAP) class on _____ located at _____
Date Site Attended

ADAP Instructor Name Instructor Signature Date

Responsibilities for ADAP Instructors

- Adhere to DDS Rules and Regulations, Ga. Admin. Comp. Ch. 375-5-4, regarding the Alcohol and Drug Awareness Program.
- Use the most recent training materials provided by the Department of Driver Services.
- Ensure that User ID and Password are kept confidential and only the instructor has access to the ADAP site.
- Ensure that students who attend the class are between the ages of 13 & 17 years old.
- Ensure students attend all sessions.
- Ensure that student rosters are created online in the ADAP site using the correct information for each student in attendance.
- Ensure that only students who score a minimum of 70 or above are allowed to successfully pass the ADAP course.
- Ensure that only students who successfully complete the ADAP course receive a Certificate of Completion.
- Ensure that student's name on the Certificate appears as it is on their birth certificate (**Legal Name**).
- 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
Applicant Name
Drivers Services' (DDS) prescribed requirements and responsibilities for ADAP instructors.

School Name: _____

Legal Signature: _____ Date: _____