

Addiction Counselor Education Program

APPLICATION

AdCare Educational Institute, Inc.
255 Park Ave. Suite 600
Worcester MA 01609

413-330-9828

ADDICTION COUNSELOR EDUCATION ADCare EDUCATIONAL INSTITUTE

A PROFESSIONAL DEVELOPMENT SEQUENCE

Addiction services agencies have become an important element in our nation's health care delivery system, employing professional managers, counselors and service providers. Those who wish to pursue a career in the treatment of alcoholism/chemical dependency should be familiar with the functions of a counselor and the diverse populations served by a complex network of treatment modalities. They must possess the knowledge, skills and techniques necessary for the successful treatment of individuals and families afflicted by alcoholism and/or other drug addictions. The Adcare Educational Institute, Addiction Counselor Education Program assists in the professional development of people involved in an important and growing health care service field.

THE ADMISSION PROCESS

Candidates' qualifications are reviewed by the Director of the Addiction Counselor Education Program. Completion of a high school diploma or GED, narrative statement, and personal interview are all considered when an application is reviewed.

All admission materials become the property of the Addiction Counselor Education Program and may not be returned to you or submitted to other parties for any other use.

Admission to the Addiction Counselor Education Program is determined without regard to race, color, sex, religion, or national origin.

Students may start the program in September.

GENERAL INSTRUCTIONS

Application to the Addiction Counselor Education Program consists of the following: (Submit the application, fee, transcripts and narrative together.)

- Application and \$25 non-refundable fee payable to AdCare Educational Institute
- Narrative Statement
- High School Transcript or GED
- Personal Interview

ACCEPTANCE

After a candidate submits an application and supportive material, an appointment will be scheduled with the program director. Admission decisions are made on an individual basis; candidates will be notified, in writing, as soon as a decision has been made.



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ADDICTION COUNSELOR EDUCATION PROGRAM
APPLICATION
WORCESTER

1. Name _____
Last First Middle

Other Name(s) under which records may be found: _____

2. Home Address _____
Street City State Zip Code

3. Present Mailing Address _____
P. O. Box/Street City State Zip Code

4. Telephone: Home _____ Cell _____ Work _____ Ext. _____

5. Email Address: _____

OPTIONAL

This information is **optional** and is being used for statistical purposes only. It will be held in the strictest confidence.

Date of Birth: ____/____/____
Mo. Day Yr.

Male ____ Person with Disabilities
Female ____ Disabled Veteran
Vietnam Era Veteran

12-Step/Self-help Involvement:

Yes ____ No ____

Length of Commitment: _____

- _____ 1. Alaskan Native
- _____ 2. American Indian
- _____ 3. Asian/Pacific Islander
- _____ 4. White (Non-Hispanic)
- _____ 5. Black (Non-Hispanic)
- _____ 6. Cape Verdean
- _____ 7. Hispanic
- _____ 8. Other

Please indicate if accommodations are needed:

6. Previous educational Training - List in chronological order. Include High School or GED with the date completed. Include all colleges attended. If you attended Westfield State College, indicate whether you were a Day Division, Continuing Education or Credit-Free student.

Institution	Location	Dates Attended	Total Credits	Diploma, Degree or Certificate Awarded

7. Work Experience:

8. List previous experience (volunteer, etc.) related to your knowledge on alcohol and other drug issues:

9. How did you hear about the program? _____

10. Please complete and attach a **narrative statement** indicating what motivated your decision to enter the Addiction Counselor Education Program.

- Typewritten (preferred - but not necessary)
- No more than two pages (double spaced - one sided)

A TRANSCRIPT IS REQUIRED FROM YOUR MOST RECENT EDUCATIONAL EXPERIENCE

(IF BEING SENT UNDER SEPARATE COVER, PLEASE SEND TO:

ADCARE EDUCATIONAL INSTITUTE

255 PARK AVE. SUITE 600

WORCESTER MA 01609

413-330-9828

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I certify that I have read and understand the general admission information on this application and that the information in this application is true and complete to the best of my knowledge.

Signature

Date