

Application for 350-hour Credentialed Alcohol and Substance Abuse Counselor Program

The following items must be received to be considered for the 350-hour Credentialed Alcoholism and Substance Abuse Counselor program at Alfred State:

- Application form (personal data, educational data, work experience data)
- Copy of high school diploma, GED, any college degrees
- Personal statement
- Student acknowledgement form
- Three reference forms
- An application fee of \$25 in a check, made payable to Alfred State

You may mail completed applications along with a \$25 check to:

The Center for Community Education and Training

Alfred State

10 Upper College Drive

Alfred, NY 14802

Or email to ccet@alfredstate.edu

Please print or type all information.

PERSONAL DATA:

Full Name:	
Home Address:	
Phone Number:	
Email Address:	
Employer Information (Name/Contact Person, Phone, Email):	

EDUCATIONAL DATA: (Please provide a copy of diploma, GED, degree, etc.)

Are you a high school graduate?:	<input type="radio"/> Yes <input type="radio"/> No
Are you a college graduate?:	<input type="radio"/> Yes <input type="radio"/> No
Degree(s) received:	
Other credentials or licensure:	
List any training you have received in alcoholism or substance abuse:	

WORK EXPERIENCE:

Do you currently work in the substance abuse field?: Yes No

If yes, please give the name and contact information of your clinical supervisor:

Please list any work experience you have in the alcoholism and substance abuse field.

Dates Worked	Agency	Job Duties

PERSONAL STATEMENT:

Please print clearly, or type in 500 words or less, why you are interested in this program and how you plan to use this experience. Attach additional pages as needed.

Student Acknowledgements

Please initial each item and sign the bottom.

If I am accepted into the 350-hour Credentialed Alcoholism and Substance Abuse Counselor program, I understand that:

_____ I am financially responsible for paying Alfred State \$10 per CASAC hour prior to online courses/skills seminars and \$250 prior to starting my clinical internship. There are no refunds for any courses/skills seminar/internship once funds are paid.

_____ I am responsible for completing the CASAC Resources and Readiness course before I am able to start my course work.

_____ I must purchase the two required textbooks for the program.

_____ I will not be able to move on to the next course until my instructor notifies the Center for Community Education and Training of my completion of the previous course.

_____ I must attend and participate in 18-hours of skills seminars, six hours each after sections two, three, and four.

_____ For students not employed currently in the substance abuse field - If I do not successfully complete all 300-hours of my clinical internship, I will not receive my 350-hour certificate of completion for the program, despite taking all required courses.

_____ For students currently employed in the substance abuse field - my clinical supervisor must sign off on a skills form provided by Alfred State that I can perform the 12 core functions of a Substance Abuse Counselor before I can receive my 350-hour certificate of completion.

Questions regarding the above should be discussed with the Center for Community Education and Training PRIOR to submitting your application.

Student Name: _____

Student Signature: _____

Date: _____

Reference Form

_____ has applied to take the 350-hour Credentialed Alcoholism and Substance Abuse Counselor program through the Center for Community Education and Training at Alfred State. In order to consider this applicant, we require professional and/or educational references from individuals who know the applicant, and who are not members of the applicant's family. Please fill out this form and give back to the applicant to return to Alfred State with their application.

If you prefer, you may fax this directly to the Center for Community Education and Training at 607-587-3295.

Applicant's name:	
Your name and place of employment:	
How do you know the applicant?:	
How long have you known the applicant?:	
Would you recommend the applicant to work in the alcoholism/substance abuse counseling field? Why or why not?:	
Do you have reservations regarding the applicant's ability to participate in an intensive training program?:	
Do you have reservations regarding the applicant's ability to work in a counselor/client relationship?:	
Do you have reservations regarding the applicant's ability to work as a team member?:	

Signature

Date

Phone number for possible verification: _____

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