

WESTFIELD STATE UNIVERSITY

Community Education

ADDICTION COUNSELOR EDUCATION PROGRAM APPLICATION

_____ Social Security Number

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)

TRANSCRIPTS FROM EACH SCHOOL LISTED MUST BE SENT TO:

WESTFIELD STATE UNIVERSITY
ADDICTION COUNSELOR EDUCATION PROGRAM
333 WESTERN AVENUE
WESTFIELD, MA 01086-1630
(413) 572-8020

All application materials are the property of the Community Education Office, Graduate and Continuing Education and cannot be returned to you or submitted to other parties for any other use.

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