

# 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 University, indicate whether you were a Day Division, Continuing Education or Non-credit student.

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

7. Work Experience:

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

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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)

**YOUR APPLICATION, NARRATIVE, FEE, AND OFFICIAL TRANSCRIPTS MUST BE SENT TO:**

**WESTFIELD STATE UNIVERSITY  
ADDICTION COUNSELOR EDUCATION PROGRAM  
333 WESTERN AVENUE  
WESTFIELD, MA 01086-1630  
(413) 572-8033**

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

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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