

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)

11. 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.

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