WESTFIELD STATE UNIVERSITY

Community Education

ADDICTION COUNSELOR EDUCATION PROGRAM APPLICATION

PITTSFIELD CAMPUS

Social Security Number						
1. Name Fin			M: J J1 .			
Last Fir	rst		Middle			
Other Name(s) under which records may be found	l:					
2. Home Address						
Street	City	State	Zip Code			
3. Present Mailing Address						
P. O. Box/Street		State	Zip Code			
4. Telephone: Home Cell		_ Work	Ext			
5. Email Address:						
This information is optional and is being used for statistic confidence.	stical purpos	ses only. It will b	e held in the strictest			
	I	1 11-1	NI-C			
Date of Birth:///		1. Alaskan 2 America				
Person with Disabilities		3. Asian/P				
Male Disabled Veteran		4. White (Non-Hispanic) 5. Black (Non-Hispanic)				
Female Vietnam Era Veteran		6. Cape Ve	rdean			
		7. Hispanio	2			
		0. Other				
12-Step/Self-help Involvement:						
12-Step/Self-help Involvement: Yes No		se indicate if acco	ommodations are			
•	Pleas need		ommodations are			

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:
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 <u>attach</u> 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
į	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