

WESTFIELD STATE UNIVERSITY

Office of Lifelong Education

ADDICTION COUNSELOR EDUCATION PROGRAM APPLICATION

1. Name _____
Last First Middle
- Other Name(s) under which records may be found: _____
2. Home Address _____
Street City State Zip Code
3. 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

Accommodations 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:

8. List previous experience (volunteer, etc.) related to your knowledge of 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)

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

**WESTFIELD STATE UNIVERSITY
ADDICTION COUNSELOR EDUCATION PROGRAM
577 WESTERN AVENUE
WESTFIELD, MA 01086**

All application materials are the property of the Office of Lifelong 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