

# WESTFIELD STATE UNIVERSITY

Office of Lifelong Education

## ADDICTION RECOVERY COACH CERTIFICATE 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  **SSSS**  Person with Disabilities  
 Female   Disabled Veteran  
 Other

Experience with addiction recovery?

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 Recovery Coach Certificate Program.

- Typewritten (preferred - but not necessary)
- No more than two pages (double spaced - one sided)

**YOUR APPLICATION AND NARRATIVE CAN BE EMAILED TO [BFREDETTE@WESTFIELD.MA.EDU](mailto:BFREDETTE@WESTFIELD.MA.EDU)  
OR MAILED TO:**

**WESTFIELD STATE UNIVERSITY  
RECOVERY COACH PROGRAM  
577 WESTERN AVENUE  
WESTFIELD, MA 01086-1630  
(413) 572-8033**

**All application materials are the property of the Addiction Recovery Coach Certificate Program 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