

**ADDICTION
COUNSELOR
EDUCATION PROGRAM

APPLICATION**

**ADEPT EDUCATIONAL INSTITUTE
255 Park Avenue, Suite 600
Worcester MA 01609
508-752-7313**

ADDICTION COUNSELOR EDUCATION

ADEPT EDUCATIONAL INSTITUTE

A PROFESSIONAL DEVELOPMENT SEQUENCE

Addiction services agencies have become an important element in our nation's health care delivery system, employing professional managers, counselors and service providers. Those who wish to pursue a career in the treatment of alcoholism/chemical dependency should be familiar with the functions of a counselor and the diverse populations served by a complex network of treatment modalities. They must possess the knowledge, skills and techniques necessary for the successful treatment of individuals and families afflicted by alcoholism and/or other drug addictions. The Adept Educational Institute, Addiction Counselor Education Program assists in the professional development of people involved in an important and growing health care service field.

THE ADMISSION PROCESS

Candidates' qualifications are reviewed by the Director of the Addiction Counselor Education Program. Completion of a high school diploma or GED, narrative statement, and personal interview are all considered when an application is reviewed.

All admission materials become the property of the Addiction Counselor Education Program and may not be returned to you or submitted to other parties for any other use.

Admission to the Addiction Counselor Education Program is determined without regard to race, color, sex, religion, or national origin.

Students may start the program in September.

GENERAL INSTRUCTIONS

Application to the Addiction Counselor Education Program consists of the following: (Submit the application, fee, transcripts and narrative together.)

- * Application and \$25 non-refundable fee payable to Adept Educational Institute
- * Narrative Statement
- * High School Transcript or GED, or highest level of education
- * Personal Interview

ACCEPTANCE

After a candidate submits an application and supportive material, an appointment will be scheduled with the program director. Admission decisions are made on an individual basis; candidates will be notified, in writing, as soon as a decision has been made.



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Worcester Massachusetts 01609

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. Present Mailing Address _____
P. O. Box/Street City State Zip Code
4. Telephone: Home _____ Cell _____ Work _____ Ext. _____
5. Email Address: _____

OPTIONAL

6. 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:

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)

A TRANSCRIPT IS REQUIRED FROM YOUR MOST RECENT EDUCATIONAL EXPERIENCE

(IF BEING SENT UNDER SEPARATE COVER), PLEASE SEND TO:

ADEPT EDUCATIONAL INSTITUTE

255 PARK AVE., STE. 600

WORCESTER MA 01609

DIRECTOR – 774-437-2539 APPLICATIONS CAN ALSO BE SCANNED TO: MAYAOFNB@AOL.COM

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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