

National Council on Alcoholism and Drug – Rochester Area

Addictions Counselor Credentialed Training (ACCT)

Single Section Registration

Please register me for the following single ACCT section(s):

Date of Request: _____

Section	Description	Educational Hours	Fee
<input type="checkbox"/> 1	Knowledge of Alcoholism and Substance Abuse	85	\$1,275.00
<input type="checkbox"/> 2	Alcoholism and Substance Abuse Counseling	150	\$2,250.00
<input type="checkbox"/> 3	Assessment, Clinical Evaluation, Treatment Planning, Case Management, and Patient, Family and Community Education	70	\$1,050.00
<input type="checkbox"/> 4	Professional and Ethical Responsibilities and Documentation	45	\$675.00

TOTAL _____

Deposit _____

Balance Due _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: Cell: () - Work: () - Home: () -

E-Mail: _____

Please complete payment information on reverse.

National Council on Alcoholism and Drug – Rochester Area

Payment Information

A non-refundable 50% deposit is required with this registration form. The balance is due prior to completion of the unit. Registrations are accepted on a space available basis, you will be registered once this form and deposit payment is received. Please send to the attention of: ACCT Training Coordinator, NCADD-RA, 1931 Buffalo Road, Rochester, NY 14624. Call (585) 719-3489 with any questions.

Check Amount: _____

Credit Card

Visa

Discover

Master Card

American Express

Card Number: _____

Cv2: _____
(back of the card)

Expiration Date: _____

Name on the Card: _____
(please print)

Signature: _____

Billing Address: _____

Street

City

State

Zip code