

NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE-ROCHESTER AREA

ADDICTIONS COUNSELOR CREDENTIAL PROGRAM (ACCT)

Dear Applicant:

Thank you for your inquiry regarding the Addictions Counselor Credential Training (ACCT) program offered by the National Council on Alcoholism & Drug Dependence-Rochester Area (NCADD-RA).

To process your application, we require the following materials:

- Completed Application Form (enclosed)
- Personal Statement (form enclosed)
- Three professional/educational references (e.g. professor, therapist, former supervisor or credentialed professional) from individuals who are not family members or friends (forms enclosed)
 - Please include your most recent/current supervisor as one of your references
- Proof of education (copy of high school diploma or high school equivalent, unofficial transcripts, copy of degree)
- A non-refundable application fee of \$500.00 made payable to NCADD-RA. We accept checks, money orders, credit cards, debit cards, and cash (if paying in person). This fee will be applied toward your tuition if you are accepted into the program. If you are not accepted, the deposit will be returned.

Once we receive all the above materials, we will schedule a screening interview with you. The screening process includes a personal interview and a review of your application materials.

Please send all completed application materials to the attention of the ACCT Program at: NCADD-RA 1931 Buffalo Road Rochester, NY 14624

Thank you for your interest in our program. We look forward to meeting with you. If you have any questions, please feel free to contact us.

Sincerely,

Jennifer Faringer, MEd, CPP-G
NCADD-RA, Director
Email: jfaringer@depaul.org
(585) 719-3480

Delia Gallmeyer, M.S., MHC
NCADD-RA, Community Education Coordinator
Email: dgallmeyer@depaul.org
(585) 719-3489

NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE-ROCHESTER AREA

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APPLICATION FORM

Date: _____

1. Contact information

Please print clearly or type.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-mail: _____

Telephone: _____ Cell: _____

2. Education:

Please enclose verification of education (a copy of high school diploma, high school equivalency, higher education degree, etc.)

Do you have a High School Diploma or Equivalency? Yes No

Highest level of education completed (please check one):

High School or High School Equivalent Date completed: _____

Associate's degree Major: _____ Minor: _____ Date: _____

Bachelor's degree Major: _____ Minor: _____ Date: _____

Master's degree Major: _____ Minor: _____ Date: _____

PhD Major: _____ Date: _____

List any credentials or licenses: _____

List any training in alcoholism or substance use: _____

Have you submitted a CASAC application to OASAS? Yes No

Have you taken a 360 hour CASAC program before? Yes No

If yes, when? _____

With whom/ what program? _____

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3. Work Experience

Employer	Position	Dates

4. Current Employment:

Are you currently employed? Yes No

If "Yes," How many hours a week do you work? Days Nights

Name of current employer: _____

Supervisor's name: _____ Direct #: _____ Email address: _____

5. Tuition: Tuition balance of \$4,000.00 is due prior to class (includes deposit of \$500.00).

Have you followed up with any of the following tuition reimbursement opportunities? (check all that apply):

Rochester Works

Access VR

Other Describe: _____

A limited number of scholarships may be available on a priority basis following acceptance into the Addictions Counselor Credential Program (ACCT).

A deposit of \$500.00 must be received with your application. Checks or money orders are made payable to NCADD-RA.

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PERSONAL STATEMENT

Please print clearly or type a minimum of 500 words explaining your interest in alcoholism and substance use disorders as well as the ACCT program. Additionally, describe how you plan to use this experience in the future. If necessary, you may attach additional pages. Please note that your statement will be considered during the review of your application.

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REFERENCE FORM

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ACCT Program Coordinator
NCADD-RA
1931 Buffalo Road
Rochester, NY 14624

If you prefer, you can scan and email this form to Delia Gallmeyer, Community Education Coordinator at dgallmeyer@depaul.org. Or you can fax the ACCT Coordinator of NCADD-RA at (585) 423-1908. Thank you for your cooperation.

Reference name: _____ Date: _____

Reference employer: _____ Reference credentials: _____

How do you know the applicant? _____

How long have you known the applicant? _____

Would you recommend the applicant to work in the alcoholism/substance use disorder-counseling field? o Yes o No

Please explain why you would or would not recommend the applicant: _____

Do you have any concerns regarding the applicant’s ability to participate in an intensive training program? o Yes o No

Do you have any concerns regarding the applicant’s ability to work in a counselor/client relationship? o Yes o No

Do you have any concerns regarding the applicant’s ability to work as a team member? o Yes o No

Signed: _____ Date: _____

Contact information: Direct phone #: _____ Email address: _____

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