



**Rockland Council on Alcoholism and other Drug Dependence, Inc.
Addictions Professional Training Program**

25 Smith Street, Suite 101
Nanuet, New York 10954
845-729-0313
help@rcadd.org

Dear Applicant,

Thank you for your interest in the Addictions Professional Training Program. This program is fully accredited by the New York State Office of Alcoholism and Substance Abuse Services (OASAS) as an addiction educator provider.

The Addictions Professional Training Program is a comprehensive, inclusive and rigorous one that will prepare you to become capable and competent alcoholism and substance abuse counselors. Completion of this program will lead to earning credentials as a Credentialed Alcoholism and Substance Abuse Counselor (CASAC) and/or Credentialed Prevention Professional (CPP). Our excellence in providing education that builds proficient and skilled professionals is highly recognized not only in the community but statewide as well.

This is a demanding, arduous program which requires a strong commitment on your part. The professional staff is dedicated to working with you individually and as a group to insure your success in fulfilling your vision.

Upon receipt of our application, required documentation and application fee of \$50.00 (non-refundable), an admission interview will be arranged. During the interview process you will be informed of the educational and work requirements and be given a student handbook and policies and procedures. Classes are held at the Rockland Council on Alcoholism and Other Drug Dependence, Inc., 25 Smith Street, Suite 101, Nanuet, NY 10954.

Thank you.

Sincerely,

Ruth A. Bowles

Ruth A. Bowles

Executive Director

Rockland Council on Alcoholism and other Drug Dependence, Inc.
25 Smith Street, Suite 101 Nanuet, New York 10954 845-215-9788

ADDICTIONS PROFESSIONAL TRAINING PROGRAM

Application for Admission

IF YOU ARE IN RECOVERY, IT IS STRONGLY RECOMMENDED YOU HAVE TWO YEARS SOBRIETY

Please complete all sections of this application and return with your non-refundable check or money order for \$50.00 payable to RCADD.

Personal Information

Last Name _____ First Name _____ Middle Initial _____

Mailing Address _____ City/State/Zip _____

Home Phone () _____ Work () _____ Cell () _____ email _____

Marital Status S M D W Sep DOB _____ Social Security Number _____

Work/Volunteer Experience---You may attach additional sheets of paper if necessary

Occupation _____ Employer _____

Business Address _____

Length of Employment _____ Volunteer Experience _____

Education/Training

High School/GED Graduation Date (year) _____ Please attach a copy of diploma/GED Certificate

College Education: Associates Degree Bachelor Degree Master Degree Please attach copies of degree

Other training, conferences, workshops pertinent to the field of substance abuse

Personal/Professional References

Please provide three (3) personal and/ or professional references. Letters of reference should be mailed to the address above.

Name	Address	Phone
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Personal Essay

Please prepare a personal essay to include a statement of why you want to attend this program. Include any autobiographical information that might be pertinent to your desire to work in the addiction field. Please include any experience that would contribute to your training.

I verify that the information contained in this application is true and accurate. I understand that acceptance of enrollment is contingent upon submission of all required documentation....reference letters, essay, educational degrees, certificates.

Signature _____ Date _____