



Rockland Council on Alcoholism and other Drug Dependence, Inc.  
25 Smith Street, Suite 101, Nanuet, New York 10954845-215-9788or 845-551-3109

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 \$100.00 payable to RCADD.

**Personal Information**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MII \_\_\_\_\_

Mailing Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_ Email \_\_\_\_\_

Social Security Number \_\_\_\_\_ DOB \_\_\_\_\_

**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 \_\_\_\_ MasterDegree \_\_\_\_ 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

**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. 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 \_\_\_\_\_