



Professional and Community Education

Substance Use Disorder Treatment Training Certificate Program
Application for FALL Admission 2016- DEADLINE APRIL 1, 2016

PROGRAM INFORMATION (Please type or use a pen to print clearly and answer all questions.)

Have you previously applied to this program?
If yes, did you attend any classes?
Are you currently a University of Utah Student?
Will you be taking the courses for non credit or for credit?

PERSONAL INFORMATION

Date of Application
Full Legal Name (Last, First, Middle)
Other names, under which your academic records may be listed
Mailing Address (Street Address, City, State Zip)
Telephone Number: Home & Work or Cell
E-mail Address (required)

EDUCATION (List, in chronological order, the high schools, universities, colleges, and professional schools attended.)

Table with 5 columns: School Name, Location (City & State), Dates Attended (From/To), Major/Minor, Certificate/Degree/Diploma. Includes GPA fields.

OFFICIAL TRANSCRIPTS

Please contact your most recent educational institution(s) and request that an Official Transcript, be sent to the following address. Photocopies of transcripts will not be accepted.

University of Utah College of Social Work
Attn: Professional and Community Education
395 South 1500 East, Room 270, Salt Lake City, UT 84112-0260

EMPLOYMENT EXPERIENCE (Starting with your present or most recent position, list your last three employment experiences.)

Position/ Title	Name of Company or Agency and Address	Period of Employment (from month/year to...)	Name of Immediate Supervisor
_____	_____	From: _____	_____
		To: _____	
_____	_____	From: _____	_____
		To: _____	
_____	_____	From: _____	_____
		To: _____	

PERSONAL STATEMENT

With your application, please include a 3-6 page (typed, double-spaced, 12 point font) personal statement, which includes brief descriptions of the following subject areas:

- 1) Brief autobiographical information, including what background experiences may have created interest for you in this field;
Please Note: The autobiographical information cannot be longer than 2 pages.
- 2) The particular skills you would bring to this program/field;
- 3) Personal philosophy regarding substance abuse treatment; and
- 4) What skills a substance abuse counselor should possess.

Please title each section of your statement to correspond to the preceding subject areas. You are also encouraged to include other information that you feel is relevant. Please also include your name and phone number on the title page of your personal statement.

REFERENCES

This application requires three (3) letters of professional or academic recommendation (forms attached) in order to be considered complete. If possible, we encourage you to seek these references from people employed professionally in a human services related field (excluding your own personal care provider, therapist, counselor, etc.) *and* who have known you for a minimum of **two years**. Letters from relatives, friends, your own personal care provider, therapist, counselor, etc cannot be accepted. Letters of recommendation must be sent directly to the Admissions Committee. Also, please include the name, address, telephone number, and email address of an *additional individual* the Admissions Committee may contact at its discretion for information concerning your qualifications. If contacted, this reference may be requested by telephone or in writing.

(name) (address, city, state, zip) (telephone number) (email address)

ADDITIONAL INFORMATION

- Have you ever been arrested for, charged with, plead guilty or no contest to, or been convicted of a misdemeanor or felony charge?
 No Yes
- Are you currently under probation?
 No Yes
- Do you currently have felony charges pending against you?
 No Yes

If you check yes to any of these items, you need to provide a brief summary of your criminal history, as these affect your ability to be placed in a practicum. Please note that the Program cannot accept anyone who is currently on probation when classes start. Verification of release from parole will be needed.

ACKNOWLEDGMENT STATEMENT (Please read the following statement and sign below to indicate your understanding.)

The Substance Use Disorder Treatment Training Certificate Program is a professional, university-level training program. Please be aware that there are obligations and restrictions related to both the completion of this program and to work within the alcohol and drug abuse treatment field. **If you are pursuing licensure as a substance use disorder counselor, additional requirements must be met as specified by the Division of Occupational and Professional Licensing, (DOPL).** For more information, please contact DOPL at 801-530-6628 or visit their website at <http://dopl.utah.gov/>.

Students are required to complete the courses in the order specified in the program brochure. All courses must be successfully completed each semester before attending the next semester's classes. The program curriculum includes completion of either the 200/350 (depending upon level of licensure sought) hours of field experience (practicum) while enrolled in the corresponding classes (Functions & Recovery and Field Training) and two non-credit, non-graded experiential labs. A certificate of completion will not be granted until all program requirements are successfully completed.

A passing grade of "C-" or better is required in all SUDTTC Program courses in order to complete the program. Students who do not receive a passing grade will be required to retake and successfully complete the course the next time it is offered before being allowed to continue in the program. Students are expected to complete the SUDTTC Program in either 1 or 1.5 academic years. Students who successfully complete the program will be awarded a certificate of completion for the Substance Use Disorder Treatment Training Certificate Program, which will include the number of practicum hours completed.

As stated in the Handbook, found online, "Therapeutic wisdom and program experience confirms that students in recovery and post completion of treatment for three or more years perform better academically and make the transition into the role of 'professional' with greater levels of success." It is for these reasons that candidates are asked to apply no less than 3-5 years post treatment.

A history of alcohol and/or substance abuse or conviction for past criminal activity or conduct will not necessarily be used to exclude anyone's admission into the SUDTTC Program; however, students are advised that past or future substance abuse, or criminal activity, may limit or prevent them from securing an internship, which is required for completion of the program. In addition, the student may be ineligible to receive a state license to practice, or obtain employment in the field. For more information, contact the Division of Occupational and Professional Licensing.

My signature indicates my acknowledgment of the above statements and my affirmation that all information contained in this application and accompanying materials are complete and accurate.

Signature

Date

APPLICATION INFORMATION

All application materials should be sent to: *University of Utah College of Social Work, Substance Use Disorder Treatment Training Certificate Program, 395 South 1500 East, Room 270, Salt Lake City, UT, 84112-0260.* Early applications are encouraged and accepted. Admission files are not reviewed until complete. Application deadline for the program is April 1st for fall semester (August.) No late applications will be accepted.

APPLICATION FEE

A **\$50.00** application fee is required with each application. Payment may be made by check, money order, or credit card. Make checks payable to the **University of Utah College of Social Work.**

For credit card payment please follow the directions below:

1. Please visit <https://umarket.utah.edu/um2/pace/product.php?product=5>
2. Proceed through the checkout process. Please print your confirmation/receipt and attach it to this application for proof of payment.

This information may be used for government reporting purposes and admission trends, and will be detached from the application to ensure confidentiality and anonymity. Failure to provide this information will have no adverse effect on your potential for admission.

Gender: Male Female

Ethnic Origin: American Indian; Asian; African American; Hispanic; Pacific Islander; White; Other: _____

U.S. Citizen: Yes; No

Disability: Yes; No

Veteran Status: Yes; No

Age: _____

**Substance Use Disorder Treatment Training Certificate Program
 Reference Form**

FORMS/LETTERS OF PROFESSIONAL OR ACADEMIC REFERENCE MUST BE SENT DIRECTLY TO THE ADDRESS BELOW.
 (Please complete this form and, if desired, attach a letter)

University of Utah
 College of Social Work, SUDTTC Program
 395 South 1500 East, Room 270, Salt Lake City, Utah 84112-0260

Under the provision of Public Law 93-380, this recommendation is available to the applicant's inspection unless he/she waives the right to review it. Recommendations with waived rights of access are considered more objective. Please opt for one of the following:

I acknowledge the University's policy of confidentiality with regard to this letter and hereby **waive** my right of access to same. _____

I acknowledge the University's policy of confidentiality with regard to this letter and hereby **do not waive** my right of access to same. _____

 Applicant's Signature

 Phone Number

 Date

 Applicant's Name (please print) has applied to our Substance Use Disorder Treatment Training

Certificate Program and has requested that you submit a recommendation. Students are carefully selected because of the serious responsibilities they assume with people and their personal problems. Integrity, emotional stability, and a capacity and desire to learn are essential qualifications. We would be grateful for your help in this regard. Your early reply will be advantageous to the candidate since we cannot consider the application until the file is complete. We encourage applicants to seek these references from people employed professionally in a human services related field (excluding the applicants own personal care provider, therapist, counselor, etc.) *and* who have known them for a minimum of **two years**. **Forms received from relatives, friends, or the applicants own personal care provider, therapist, counselor, etc, cannot be accepted.** Letters of recommendation must be sent directly to the Admissions Committee at the address above.

Type of reference: professional; academic

Relatives, friends, or the applicants own personal care provider, therapist, counselor, etc, cannot be accepted.

I know the applicant: very well; well; fairly well; superficially

Length of contact: _____

Nature of contact: _____

Please rate applicant on the criteria listed below:	Outstanding	Above Average	Average	Below Average	No Basis for Judgment
Personal traits which speak to initiative, integrity, and dependability					
Academic or intellectual ability					
Ability to manage collegial & client relationships					
Openness to learning and new information					
Ability to listen and accept corrective feedback					
Quality and ability to write					
Quality and ability to speak					
Emotional stability and maturity					

On a scale from 1 to 10 (one being least and ten being most), please rate this applicant's potential for a career in the field of substance abuse counseling. ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

What, in your opinion, makes this applicant promising among applicants who may appear to be equally well qualified? _____

Where might this applicant have his/her greatest challenge? _____

Please list the reasons why you think this applicant is ready for chemical dependency education. _____

Please provide your frank opinion of the likelihood of his/her success in this training program.

Do you have any concerns? ___ No ___ Yes, if yes, please explain. _____

Additional Comments: _____

If the applicant is applying to the online program, are there any concerns about the student's organizational skills or ability to use the appropriate technology to complete courses within a semester format? _____

Thank you for your assistance.

Reference Writer's Name (please print)

Title

Reference Writer's Signature

Agency/Organization Affiliation

Phone Number

Date



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Phone Number

Date

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Applicant's Name (please print)

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