

## Bachelor's Level CADC Application

---

### Program Overview

The Rutgers Center of Alcohol Studies is pleased to announce we are currently accepting applications for our CADC Training Program, fully funded by the NJ Division of Mental Health and Addiction Services. The program is designed to **fulfill all the CADC educational requirements (270 hours) for NJ** in a 9-month curriculum.

The program schedule for the 2014-2015 academic year is as follows:

1. Classes will meet once a week (evening, weekday TBD) from 4:00 pm to 9:00 pm, beginning the week of September 8, 2014 and run through July, 2015 (NOTE: Some weeks will include scheduled breaks)
2. 35 hours of interactive online coursework
3. One week of intensive coursework at the Summer School of Addiction Studies in July, 2015 (specific dates TBD). Depending on the SSAS dates, classes may resume meeting on a weekly basis.

### **Applications due: June 2, 2014**

### Who should apply?

Individuals with a Bachelor's-level degree, or those who are currently enrolled in a Bachelor's level degree program (at Rutgers or another college), who are:

- Interested in entering the field of addiction treatment.
- Currently working in the field of addiction treatment and wish to receive the educational hours towards certificate training.

### Questions

If you have questions, please contact:

Noelle Jensen, MSW, LCSW  
*Email:* nkj@rci.rutgers.edu  
*Phone:* 848-445-4317

### Application Submission

You may submit your application via email, fax, or regular mail. **Please note, if you're submitting your application via email, you MUST print, sign, and scan the signature page. Applications submitted without a signature will not be processed. Your CV or Resume must be submitted with application.** Completed applications should be submitted no later than **June 2, 2014** to:

Noelle Jensen  
Education & Training  
Rutgers Center of Alcohol Studies  
607 Allison Road  
Piscataway, NJ 08854-8001  
*Email:* cas\_ed@rutgers.edu  
*Phone:* 848-445-4317  
*Fax:* 732-445-3500

**Personal Information**

Name \_\_\_\_\_  
Last Name First Name MI Suffix

DOB \_\_\_\_\_ ☐ Female ☐ Male ☐ Other  
mm/dd/yyyy

Mailing Address \_\_\_\_\_  
Number & Street Unit #

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_ (Communications will be made through email)

**Demographics**

Are you bilingual? ☐ Yes ☐ No  
If so, what languages do you speak (including ASL)?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Optional** The items with a gray background are optional. No information you provide will be used in a discriminatory manner.

Are you now serving, or have you ever served in the military? ☐ Yes ☐ No

What is your ethnicity? (Please specify)

- ☐ Latino/Hispanic \_\_\_\_\_
- ☐ Asian \_\_\_\_\_
- ☐ Black/African American \_\_\_\_\_
- ☐ Native Hawaiian or Pacific Islander \_\_\_\_\_
- ☐ White (including Middle Eastern, such as Egyptian) \_\_\_\_\_
- ☐ American Indian or Alaska Native \_\_\_\_\_

**Education**

Please answer the following questions with your most relevant undergraduate degree. *(If other, please explain)*

College/University \_\_\_\_\_

Major/Degree \_\_\_\_\_ Overall (Current) GPA \_\_\_\_\_ Year (anticipated) of Graduation \_\_\_\_\_

Are you in the process of receiving your Master's or have done so already? ☐ Yes ☐ No

If so, year of graduation and degree \_\_\_\_\_

---

### Certificate & License

Do you possess any counseling or human service related certificate and/or license? ☐ Yes ☐ No

If so, please list type of certificate/license and number:

---

How many work experience hours towards the CADC-required 3,000 have you completed? \_\_\_\_\_

---

### Employment

Are you currently employed? ☐ Yes ☐ No

Employment Status ☐ Full Time ☐ Part Time ☐ Unemployed

Employer \_\_\_\_\_ Program: \_\_\_\_\_

Position/Title \_\_\_\_\_ Time with current employer \_\_\_\_\_

Work Address \_\_\_\_\_  
Number & Street Unit #

City/Town State Zip Code County

Work Phone \_\_\_\_\_ Extension \_\_\_\_\_

Supervisor's Name \_\_\_\_\_  
Last Name First Name

Supervisor's Title \_\_\_\_\_ Supervisor's E-mail \_\_\_\_\_

Supervisor's Phone \_\_\_\_\_ Extension \_\_\_\_\_

Do you work at a DMHAS-licensed substance abuse treatment or mental health agency? ☐ Yes ☐ No

Are you a state employee? ☐ Yes ☐ No

Are you a state contractor? ☐ Yes ☐ No

***\*Please provide a resume***

---

## Student Statements

Please complete the following student statements on a separate page (responses must be typed).

**Each response should be no more than 175 words.**

1. How did you hear about the Rutgers CADC Training Program?
  2. Why are you interested in obtaining a CADC?
  3. Are you interested in working in a state licensed substance abuse agency? (please explain)
  4. Please describe any internship or field placement work in addictions.
  5. Please describe any paid employment in addictions.
  6. What barriers, if any, might influence your ability to complete this program?
- 

## Completed Courses

Please check the courses which you have *already completed*:

C101 - Initial Interviewing	<input type="checkbox"/>
C102 - Biopsychosocial Assessment	<input type="checkbox"/>
C103 - Diagnostic Summaries	<input type="checkbox"/>
C104 - Differential Diagnosis (DSM)	<input type="checkbox"/>
C105 - Pharmacology and Physiology	<input type="checkbox"/>
C106 - Perinatal/Fetal Alcohol Spectrum Assessment	<input type="checkbox"/>
C107 - Compulsive Gambling	<input type="checkbox"/>
C108 - Co-Occurring Disorder Assessment	<input type="checkbox"/>
C109 - Assessment Tools	<input type="checkbox"/>
C201 - Introduction to Counseling	<input type="checkbox"/>
C202 - Counseling Skills (Introduction to Techniques)	<input type="checkbox"/>
C203 - Crisis Intervention	<input type="checkbox"/>
C204 - Addiction Focused Counseling (Individ. Counseling)	<input type="checkbox"/>
C205 - Group Counseling	<input type="checkbox"/>
C206 - Family Counseling	<input type="checkbox"/>
C207 - Cognitive Behavioral Therapy	<input type="checkbox"/>
C208 - Motivational Interviewing / Motivational Enhancement Therapy	<input type="checkbox"/>
C209 - Pharm. Approaches to Nicotine Dependencies	<input type="checkbox"/>
C301 - Community Resources	<input type="checkbox"/>
C302 - Consultation	<input type="checkbox"/>
C303 - Documentation	<input type="checkbox"/>
C304 - HIV & Resources	<input type="checkbox"/>
C305 - New Jersey Mental Health Services	<input type="checkbox"/>
C306 - New Jersey Child and Family Services	<input type="checkbox"/>
C307 - Criminal Justice System	<input type="checkbox"/>
C308 - New Jersey Disability Services	<input type="checkbox"/>
C309 - New Jersey Employment Services	<input type="checkbox"/>

### Completed Courses

C401 - Addiction Recovery	<input type="checkbox"/>
C402 - Psychological Client Education	<input type="checkbox"/>
C403 - Biochemical/Medical Client...	<input type="checkbox"/>
C404 - Sociocultural Client Education	<input type="checkbox"/>
C405 - Addiction Recovery and Family Psych. Educ.	<input type="checkbox"/>
C406 - Biochemical and Sociocultural Family Educ.	<input type="checkbox"/>
C407 - Community and Professional Education	<input type="checkbox"/>
C408 - Opiate and Stimulant Education	<input type="checkbox"/>
C409 - Alcohol, Sedative and Hallucinogens	<input type="checkbox"/>
C501 - Ethical Standards	<input type="checkbox"/>
C502 - Legal Aspects	<input type="checkbox"/>
C503 - Cultural Competency	<input type="checkbox"/>
C504 - Professional Growth	<input type="checkbox"/>
C505 - Personal Growth	<input type="checkbox"/>
C506 - Dimensions of Recovery	<input type="checkbox"/>
C507 - Supervision	<input type="checkbox"/>
C508 - Community Involvement	<input type="checkbox"/>
C509 - Consultation	<input type="checkbox"/>

If you have taken courses in the topics listed above at an accredited college or university, you may want to contact the Certification Board who will determine if you can receive credit for those courses.

Our bachelor's level CADC certificate training is currently being offered on the Piscataway campus. We are considering expanding the program. Please indicate which campus you would prefer to attend classes on.

If you are willing to attend on either campus place an asterisk by your first choice.

☐ Piscataway campus

☐ Camden campus

### Signature

☐ By checking this box, I attest that the information I have supplied is true to the best of my knowledge. I consent to have my supervisor notified if I am not able to be contacted after several class absences or if there are any concerns while I am a student in this program.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
mm/dd/yyyy

Print Name \_\_\_\_\_