



ADDICTION TRAINING & WORKFORCE DEVELOPMENT PROGRAM

LCADC/CADC STUDENT APPLICATION

The Division of Addiction Services (DAS) Training and Workforce Development Initiative was created to enhance and diversify New Jersey's addiction workforce. A primary goal of the program is to increase credentialed professional staff employed at DAS-licensed addiction treatment agencies by offering CADC and other professional development training opportunities. Class size is limited, and eligibility for the program is based on the following criteria:

1. Individual is currently working at a DAS-licensed treatment agency.
2. Individual is working towards the completion of a New Jersey license, certification as a LCADC, CADC or CDA.
3. Individual is accumulating work experience in the field of substance abuse treatment and is being supervised by a LCADC or another professional who is qualified to supervise interns as specified under New Jersey statute (13:34C-6.2) and has submitted a Proposed Plan of Supervision to the Alcohol and Drug Committee.
4. After completing coursework, students agree to take the additional steps to become certified and/or licensed which include successfully completing a written and oral exam.
5. The student's participation and progress in training will be documented by the agency's director of substance abuse or designee, pursuant to the clinical supervision rules at NJAC 13:34C-6-2.
6. Students must have their supervisors' approval to attend courses and agree that NJPN may communicate with their agency regarding their progress towards certification.
7. Students agree to allow NJPN the authority to access the results of the LCADC/CADC written and oral exam in order to monitor progress towards certification or licensure as an Alcohol and Drug Counselor.

Section 1: *Personal Information** (Please write clearly)

Name:		Date:	
Home Address:			
City:		State:	Zip Code:
What COUNTY in New Jersey do you live in?	Home Phone:	Cell Phone:	
Employer:			
Program:			
Position/Title:	FT/PT (circle one)	# of years w/agency:	
Work Address:			
City:		State:	Zip Code:
Work Phone:	Ext.	Work Fax:	
E-mail address: (Required)			

NOTE: All communication with scholarship recipients is done via e-mail, so an e-mail address is required.

- Do you work at a DAS-funded treatment agency? (*circle one*) **YES** **NO**
- Do you work at a DAS-licensed treatment agency? (*circle one*) **YES** **NO**
- Does your agency allocate monies toward training? (*circle one*) **YES** **NO**
- Are you a state employee? (*circle one*) **YES** **NO**
- Are you a state contractor? (*circle one*) **YES** **NO**

Salary:*		Age:**		Gender:**		Ethnicity:**	
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Your response to age, gender and ethnicity are voluntary.
 *Salary is required to determine scholarship financial need.
 **Demographic information, such as age, gender, and ethnicity is requested, but not required, to monitor workforce development initiatives that promote a diversified workforce.

Your application cannot be reviewed if the following supervisor information is incomplete. All students must have a LCADC or another supervisor who is qualified to supervise CADC interns under New Jersey law (13:34C-6.2) to be eligible for this program.

Supervisor:	Print Name:
	Job Title:
	Signature: Date:
Supervisor Contact Information:	
Are you eligible to supervise CADC interns under New Jersey law (13:34C-6.2)?	Yes No
Will you be/are you the applicant's internship supervisor?	Yes No
Have you submitted a "Proposed Plan of Supervision" for this individual to the Division of Consumer Affairs, State Board of Marriage and Family Therapy Examiners, Alcohol and Drug Counselor Committee?	Yes No
How will this applicant help your agency in attaining licensing capacity?	

Consent for Records Release

I agree to give NJPN the authority to access the results of the LCADC/CADC written and oral exam in order to monitor my progress towards certification or licensure as an Alcohol and Drug Counselor. I understand that NJPN will not be publishing my test results but rather will use this information to evaluate the success of students in the Addiction Training and Workforce Development Program as compared to other CADC candidates who have not received training through NJPN.

Signature

Date

Section 2: Education & Experience

Do you have a high school diploma?	<i>(circle one)</i>	YES NO
Do you have a GED?	<i>(circle one)</i>	YES NO
Highest level of education you have obtained beyond high school? <i>(circle one if applicable)</i>		AA BA MA
What is your degree? (field of study)		
Do you currently possess any certificates and/or licenses?	<i>(circle one)</i>	YES NO
If so, please list type of license/certificate and approval number.		
How many experience hours towards the 3000 required for the CADC/LCADC have you completed?		

Please check the courses which you have ALREADY COMPLETED:

Courses available *PRIOR* to July 1, 2007:

Courses available *AFTER* July 1, 2007

C101A - Initial Interviewing Process		C101 – Initial Interviewing	
C101B - Initial Interviewing Process		C102 – Biopsychosocial Assessment	
C101C - Initial Interviewing Process		C103 – Diagnostic Summaries	
C102A - Biopsychosocial Assess...		C104 – Differential Diagnosis (DSM)	
C102B - Biopsychosocial Assess...		C105 – Pharmacology and Physiology	
C102C - Pharmacology		C106 – Perinatal/Fetal Alcohol Spectrum Assessment	
C103A - Diagnostic Summaries		C107 – Compulsive Gambling	
C103B - Diagnostic Summaries		C108 – Co-Occurring Disorder Assessment	
C104 - Compulsive Gambling		C109 – Assessment Tools	
C201A - Introduction to Counseling		C201 – Introduction to Counseling	
C201B - Introduction to Counseling		C202 – Counseling Skills	
C202 - Introduction to Techniques...		C203 – Crisis Intervention	
C203 - Crisis Intervention		C204 – Addiction Focused Counseling	
C204A - Individual Counseling		C205 – Group Counseling	
C204B - Individual Counseling		C206 – Family Counseling	
C205A - Group Counseling		C207 – Cognitive Behavioral Therapy	
C205B - Group Counseling		C208 – Motivational Interviewing / Motivational Enhancement Therapy	
C206 - Family Counseling		C209 – Pharm. Approaches to Nicotine Dependencies	
C301A - Community Resources		C301 – Community Resources	
C301B - Community Resources		C302 – Consultation	
C301C - Community Resources		C303 – Documentation	
C302A - Consultation		C304 – HIV & Resources	
C302B - Consultation		C305 – New Jersey Mental Health Services	
C302C - Consultation		C306 – New Jersey Child and Family Services	
C303A - Documentation		C307 – Criminal Justice System	
C303B - Documentation		C308 – New Jersey Disability Services	
C304 - HIV-Positive Resources		C309 – New Jersey Employment Services	
C401 - Addiction Recovery		C401 – Addiction Recovery	
C402 - Psychological Client Education		C402 – Psychological Client Education	
C403 - Biochemical/Medical Client...		C403 – Biochemical/Medical Client Education	
C404 - Sociocultural Client Education		C404 – Sociocultural Client Education	
C405 - Addiction Recovery and...		C405 – Addiction Recovery and Family Psych. Educ.	
C406 - Biomedical/Sociocultural...		C406 – Biochemical and Sociocultural Family Educ.	
C407A - Community & Professional...		C407 – Community and Professional Education	
C407B - Community & Professional...		C408 – Opiate and Stimulant Education	
C407C - Community & Professional...		C409 – Alcohol, Sedative and Hallucinogens	
C501 - Ethical Standards		C501 – Ethical Standards	
C502 - Legal Aspects		C502 – Legal Aspects	
C503A - Cultural Competency		C503 – Cultural Competency	
C503B - Cultural Competency		C504 – Professional Growth	
C504 - Professional Growth		C505 – Personal Growth	
C505 - Personal Growth		C506 – Dimensions of Recovery	
C506 - Dimensions of Recovery		C507 – Supervision	
C507 - Supervision & Consultation		C508 – Community Involvement	
C508 - Community Involvement		C509 – Consultation	

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. Visit <http://www.certbd.com/information/qa.htm> for more information.

Section 3: *Select Your Preferred Training Location*

Please check the location where you would prefer to take classes. If you wish, indicate your first and second choice, and we will do our best to accommodate you.

- Atlantic County:** Richard Stockton College of New Jersey Carnegie Library Center, 35 S. Dr. MLK, Jr. Blvd. Atlantic City – *Tuesday and Thursday, 5:30 to 8:30 p.m.*
- Atlantic County:** Richard Stockton College of New Jersey, Jimmie Leeds Road, Pomona – *Saturdays 9 a.m. to 4 p.m.*
- Burlington County:** Prevention Plus, 1824 Rte 38 East, Lumberton – *Mondays 9:00 a.m. to 4:00 p.m.*
- Camden County:** Starting Point, 215 Highland Ave, Westmont – *Tuesdays 9:00 a.m. to 4:00 p.m.*
- Essex County:** Newark Renaissance House, 50-56 Norfolk St, Newark – *Saturdays 9:00 a.m. to 4:00 p.m.*
- Hudson County:** Partners in Prevention Hudson County, 309-311 Newark Ave, Jersey City– *Wednesdays 9:00 a.m. to 4:00 p.m.*
- Mercer County:** Rescue Mission of Trenton, 98 Carroll Street, Trenton– *Saturdays 9:00 a.m. to 4:00 p.m.*
- Middlesex County:** NCADD of Middlesex County, 152 Tices Lane, East Brunswick – *Thursdays 9:00 a.m. to 4:00 p.m.*
- Monmouth County:** Prevention First, 1405 Highway 35 North, Ocean – *Thursdays 9:00 a.m. to 4:00 p.m.*
- Ocean County:** Alcoholism and Drug Abuse Council of Ocean (ADACO), 1195 Route 70, Lakewood – *Mondays 9:00 a.m. to 4:00 p.m.*
- Passaic County:** Straight and Narrow, 380 Straight Street, Paterson, NJ 07509 – *Saturdays 9 a.m. to 4 p.m.*
- Sussex County:** Center for Prevention & Counseling, 61 Spring Street, Newton – *Thursdays 8:30 a.m. to 3:30 p.m.*

Section 4: *How did you learn about the Addiction Training and Workforce Development Program?*

Section 5: *Student Statement (Please print clearly)*

In your own words, please tell us why you should be selected for the Training and Workforce Development Initiative Scholarship program. Include the reason(s) you desire a career in the addictions field and include how the course work will lead to your obtaining CDA, CADC, or LCADC licensure, certification or other desired credential.

Applicant:	Print Name:
	Signature: Date:
	<i>My signature attests that the information I have supplied is true and 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 NJPN has any concerns while I am a student in this program .</i>



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