

Chemical Dependency Certificate Program Supplemental Application

This Supplemental application is required for admittance for the Chemical Dependency Certificate Program.

How to apply:

1. Complete the free electronic Jefferson Community College application, available at <u>www.sunyjefferson.edu</u> along with the Chemical Dependency Supplemental Application.

2. For new students please submit all college transcripts, degrees held, and course descriptions for completed human service/chemical dependency courses.

3. Submit one reference from an individual familiar with your human service related work and/or academic abilities.

4. Write a brief personal statement describing your human service related work and/or academic experience, and your goals within the chemical dependency field.

5. Submit Applications to:

SUNY Jefferson Enrollment Services, Office of Admissions Room 6-007, Jules Center 1220 Coffeen Street Watertown, NY 13601

(the deadline for submission of applications is the second Monday in August)

For more information contact:

Paul Alteri, Public Safety Department Chair, 315-786-2442, palteri@sunyjefferson.edu

Admissions Office at (315) 786-2277



Chemical Dependency Supplemental Application

Name:			
(Last)	(First)	(MI)	J#
Date of Birth: // (MM) (D2)	/ .		
(MM) (D)	D) (YYYY)		
Address:	<u> </u>	one:	<u>.</u>
	<u> </u>	11:	<u> </u>
	Em	nail:	<u>.</u>
Education			
Associate's degree in H CRJ with a 3.0 or highe		emical Dependency	v or related field i.e.
CAJ WITH & 5.0 OF HIGH			

____Date of degree

** Current associate's degree students can only be entered into the certificate program by permission of the Public Safety Department Chair or the Associate Vice President for Liberal Arts

Bachelor's degree in Human Services/Psychology or related field with a GPA of 2.0 or higher

____ Date of degree

Master's degree in related field

____Date of degree

** If you have not met any of the above requirements, and are not eligible for the certificate program, you may register for the Chemical Dependency A.A.S. Degree

Human Service related work experience

Agency/Company (including address and phone #)	Your Title/Position Held	Dates of employment (volunteer or paid)		

Non-Human Service experience

Agency/Company (including address and phone #)	Your Title/Position Held	Dates of employment (volunteer or paid)

Certification/release by application

I, the undersigned, acknowledge that the information set forth in this document and attachments are true and accurate to the best of my knowledge. I give Jefferson Community College and designated members of the Chemical Dependency Program permission to contact references and/or employers listed. I understand that any information given in references will remain confidential between the College and references. I hereby hold harmless any and all liability from Jefferson Community College, Jefferson County and references resulting from providing information regarding my character, study habits, and/or abilities. I understand that any known false information given will result in a denial into the program.

Signature of Applicant

Date:	/		/	/.
	(MM)	(DD)	(YY	(YY)

Attach the following to the application:

- Personal Statement
- Copy of college transcripts
- \Box Copy of course descriptions
- \Box Copy of degrees held
- □ Work/Academic reference
- Other material relevant to this application
- Deficiency letter from OASAS (if applicable)



Chemical Dependency Certificate Program Recommendation Form

To be completed by a person (other than a relative/friend), familiar with your academic abilities and or human service related professional experience.

Name of Applicant: _____

Note: Pursuant to federal law, a student can access the evaluation in his/her file unless the aforementioned applicant waives such right. Such a waiver is not required.

Applicant waiver:

I DO permanently waive my right to see this document.I DO NOT waive my right to see this document.

Signature of Applicant	Date: ////. (MM) (DD) (YYYY)
Name of person providing reference:	
Title:	Contact phone #:
How long have you known applicant:	<u> </u>
In what capacity:	

Please rate the applicant in the following areas:

	Excellent	Above Average	Satisfactory	Below Average	Poor	Unable to Evaluate
Accountability/responsibility	0	0	0	0	0	0
Analytical Ability	0	0	0	0	0	0
Communication Skills	0	0	0	0	0	0
Critical Thinking	0	0	0	0	0	0
Initiative/self-motivation	0	0	0	0	0	0

Interpersonal Skills	0	0	0	0	0	0
Leadership	0	0	0	0	0	0
Regard for Others	0	0	0	0	0	0
Stress Management	0	0	0	0	0	0
Study Skills	0	0	0	0	0	0
Teamwork	0	0	0	0	0	0
Time Management	0	0	0	0	0	0
Capabilities as a human service professional	0	0	0	0	0	0

Comments:

	Date:		/	/
Signature of reference		(MM)	(DD)	(YYYY)

Please submit recommendation directly to: Paul Alteri at Jefferson Community College, 1220 Coffeen Street, Watertown, NY 13601