

DUTCHESS

COMMUNITY COLLEGE

53 PENDELL ROAD, POUGHKEEPSIE NY 12601 (845) 431-8900

Alcohol/ Drug Addiction Counselor Training Program

Application For Admission

Last Name: _____ **First Name:** _____

Street: _____

City/State/Zip: _____

Home Phone: _____ **Cell Phone:** _____

Email: _____ **Date of Birth:** / /

Education/Training

Years of Highschool 1 2 3 4 **Years of College** 0 1 2 3 4 5 6

College(s) Attended: _____

Major: _____ **Degree Earned:** _____

Schools, Institutes or Conferences On Alcoholism/Chemical Dependency

School: _____ **Course Title:** _____ **Date:** _____

(Attach additional sheet if necessary)

BY SIGNING BELOW, I AGREE TO THAT:

**I HAVE BEEN ADDICTION-FREE FOR AT LEAST TWO CONSECUTIVE YEARS
PRIOR TO THE DATE OF THIS SIGNED APPLICATION.**

**THAT ALL INFORMATION SUBMITTED ON THE APPLICATION IS TRUE AND
ACCURATE.**

Signature: _____ **Date:** _____

To be eligible to register for courses in the CASAC Program at DCC, the following needs to be on file;

a. This completed form

b. Proof of HS Diploma or GED

c. Copy of Photo ID