

HIGH POINT & AFFILIATED ORGANIZATIONS

ACT Instructor Application Form

LAST NAME:	FIRST NAME:	DATE:
DATE OF HIRE:	SHIFT:	JOB TITLE:
SITE LOCATION:	DEPARTMENT/PROGRAM :	DEPT NUMBER:
EMAIL:	CELL PHONE:	WORK PHONE:
COO:	COO PHONE:	

WHICH COURSES AND LOCATIONS ARE YOU INTERESTED IN TEACHING?

- I INTRO TO ALCOHOL & DRUG ADDICTION
- II THE TWELVE CORE FUNCTIONS
- III CO-OCCURRING PSYCHIATRIC AND SUBSTANCE DISORDERS
- IV EFFECTIVE TREATMENT FOR VARIED POPULATIONS
- V BASIC COUNSELING SKILLS AND METHODS
- VI ETHICS AND BOUNDARIES AND THE ADDICTION COUNSELOR

EDUCATION

1. WHAT IS THE HIGHEST LEVEL OF EDUCATION YOU HAVE COMPLETED?

2. WHAT LICENSURE/S/CERTIFICATION/S DO YOU HAVE?

3. HAVE YOU PREVIOUSLY TAUGHT IN AN ACADEMIC SETTING? WHERE/WHEN/COURSE?

4. HAVE YOU PREVIOUSLY CONDUCTED INTERNAL OR EXTERNAL IN-SERVICE TRAININGS? WHERE/WHEN/COURSE?

INSTRUCTOR APPLICANT - PLEASE SIGN BELOW AND FORWARD THIS TO YOUR MANAGER/DIRECTOR FOR APPROVAL

APPLICANT SIGNATURE: _____ DATE: _____

MANAGER/DIRECTOR/COO - IF APPROVED PLEASE FORWARD THIS APPLICATION TO THE STAFF GROWTH AND DEVELOPMENT COORDINATOR

- HAVE APPROVED
 DO NOT APPROVE THIS APPLICATION

MANAGER/DIRECTOR/COO SIGNATURE _____ DATE: _____

STAFF GROWTH AND DEVELOPMENT COORDINATOR/CQCO – INSTRUCTOR APPLICATION REVIEW AND DETERMINATION

- HAVE APPROVED
 DO NOT APPROVE THIS APPLICATION

STAFF GROWTH & DEVELOPMENT COORDINATOR SIGNATURE _____ DATE: _____

CHIEF QUALITY & COMPLIANCE OFFICER: _____ DATE: _____

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**Supporting Documentation
Must be attached to application when submitted**

Cover Letter	This should be a one page statement that explains your decision to apply to be an instructor in the ACT program.
Supervisor Recommendation	Must be completed and signed by your current supervisor
Resume	Please make sure this is a current resume to reflect your most recent position/employment