

High Point & Affiliated Organizations

Addiction Certification Training (ACT) Program

Student Application

Eligibility Requirements (High Point employees cannot be currently subject to disciplinary action)	Tuition
Employed one continuous year & Category A, B, I (must maintain eligible employment category throughout program to maintain free tuition)	Free
Employed less than one year or ineligible Category (must meet the minimum work requirement of Two (2) shifts per month the remain eligible for reduced tuition)	\$150 Per Course *must be paid in order to receive grades/transcript
External Applicant Application & required supplemental documentation	\$300 per course *must be paid in order to receive grades/transcript

Required Information

Today's Date:	Hire Date:	Date of Birth:
First Name:		Last Name:
Phone Number:		Email:
Home Address:		
High Point Program or Current Employer:		
Position:		Supervisor:
Start with Next Course: <input type="checkbox"/> Yes <input type="checkbox"/> No OR Start with Next Academic Year: <input type="checkbox"/> Yes <input type="checkbox"/> No		Licensed Alcohol & Drug Counselor License Selection: <input type="checkbox"/> LADC I (Masters level) <input type="checkbox"/> LADC II (Bachelors level) <input type="checkbox"/> LADC III (entry-level)

Consent to Online/Virtual Training: I understand that these trainings are being conducted virtually which will require that I have a cell phone/tablet/computer that can access Zoom, email and a camera. Students are required to use video feed during class to ensure participation and attendance. Exceptions from this requirement must be approved by an ACT Coordinator prior to class session.

Signature:

Previous Experience/Knowledge Related to Substance Use Field

Education

List in Chronological Order and include High School/GED

Institution	Major	Dates Attended:	Anticipated Completion Date:	Diploma, Degree and/or Certificate:

Additional Requirements/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 this program and what motivates you to continue your education
Supervisor Recommendation (Internal Applicants)	Must be completed and signed by your current supervisor
Letters of Recommendation (External Applicants)	Must be completed, signed and submitted with Application
Transcripts	This includes: High School/GED, Associates, Bachelors, Masters
Resume	Please make sure this is a current resume to reflect your most recent position/employment
Performance Evaluation	Please include a copy of your most recent evaluation. This is obtained from your Human Resources Coordinator or from your Current Employer.
Print Name:	
Signature:	
	Date:

Manager/Director

Please select ONE option below

<input type="checkbox"/> APPROVED	I approve this applicant as an ACT Program candidate
<input type="checkbox"/> DENIED	I am denying this candidate for the ACT Program and have attached my reasoning
Required Notification	I understand that it is my responsibility to notify an ACT Coordinator should this employee resign, change status, be subject to disciplinary action or receive a score less than 300 on their performance evaluation
Manager/Director Signature:	

Staff Growth and Development Coordinator

<input type="checkbox"/> APPROVED	I approve this applicant as a Student in the ACT Program
<input type="checkbox"/> DENIED	I do NOT approve this candidate as a Student in the ACT program and will notify applicants supervisor.
ACT Coordinator Signature:	

