

ST. CLOUD STATE UNIVERSITY

A tradition of excellence and opportunity

APPLICATION FOR ADMISSION TO CERTIFICATE PROGRAM CHEMICAL DEPENDENCY

Materials Required to Complete the Application Process

- A \$35 application fee. (The fee is waived if you have been admitted to a master's program at St. Cloud State University. Should you subsequently begin a master's program, this fee will not be charged again.)
- An official undergraduate transcript(s) showing completion of a baccalaureate degree. (If received from SCSU, we will obtain your transcript from our Office of Records. If already admitted to a Master's program at SCSU, no further transcript will be needed.)
- Three letters of recommendation.
- If undergraduate degree is in a program other than psychology or a related field, additional course work will be required.

Application deadline: Fall Semester: February 1
Spring Semester: October 1

NAME _____
First Middle Last Previous

STUDENT ID _____ SS NUMBER _____
(Voluntary for ID purposes only)

CURRENT ADDRESS _____
Street Address City State/Country Zip/Postal Code

Current Home Number Work Number E-mail Address

PERMANENT ADDRESS _____
(if different from above) Street Address City State/Country Zip/Postal Code

Permanent Phone Number _____

CITIZEN/RESIDENT

- Citizen of the United States: Resident of which state? _____
- Resident Alien of United States: Resident of which state? _____
- International Student: Resident of which country? _____

EDUCATION _____
Degree Graduation Date Name of Institution City State Zip

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Please attach a 1-2 paragraph statement of interest and objectives in pursuing a graduate certificate in Chemical Dependency.

8. Leisure Activities: _____

9. Present Educational Goals, Degree(s): _____

10. If you are a non-chemically dependent person, please describe your present use of mood altering chemicals including beverage alcohol.

11. If you are chemically dependent, please answer the following questions: (if you are not chemically dependent go to #13)
A. What is the date of last drug use? _____
B. Has your sober/straight time been continuous? _____
C. Have you been through chemical dependence treatment? _____
If yes, list dates and locations. Also indicate if you completed treatment satisfactorily:

D. What was/were your drug(s) of choice? Amounts? Frequency?

12. Please provide names, addresses and phone numbers of two persons who can verify your last date of drug use.

May we contact them? Yes _____ No _____

13. Are you involved in ongoing treatment? _____ If yes, please describe your involvement.

14. Describe your use of over-the-counter and prescription medications for the past two years:

15. Is there a history of alcoholism/chemical dependence in your family? Please circle the most accurate response:

Yes, with treatment Yes, no treatment No

16. Please describe why the field of chemical dependence treatment is of interest to you:

17. What are your career goals?

18. What are your strengths and weaknesses?

Strengths:

Weaknesses:

23. In the space below, describe the significant life events that have contributed to who you are today.

I do hereby attest that to the best of my ability, the information contained in the CD Program Application form is truthful and accurate. I have read and understand how this information is to be used and stored, who has access to the information and how to delete this information from my personal file. By my signature, I give consent for a members serving on the Application and Internship Screening Committees and the Appeals Committee to view materials in my personal file as part of the Application, Internship and Appeals Processes.

Signature

Date