

*Applications for
Education for Substance Abuse Professionals*

must be returned by one of these methods:

E-mail admin@esapnc.org

US Mail ESAP
Governor's Institute on Alcohol
and Substance Abuse, Inc.
Centennial Park Venture IV
1730 Varsity Dr, Suite 105
Raleigh, NC 27606

FAX 919/990-9518

www.esapnc.org
info@esapnc.org
919/990-9559

Education for Substance Abuse Professionals Financial Aid Application for Prevention Professionals

A. BACKGROUND INFORMATION

Last Name _____ First _____ MI _____

Home Address _____

City _____ State _____ Zip _____

Date of Birth _____ Last 4 digits of Social Security No. _____

Home Telephone () _____ Work Telephone () _____

Email _____ Fax Number () _____

Current Occupation _____ Employer _____

Employer's Address _____

Race / Ethnicity*

- a African American
- b Hispanic American
- c Caucasian
- d Native American
- e Asian/Pacific American
- f Other (specify)

** For outreach and recruitment efforts.*

Sex

- a Male
- b Female

Highest Level of Education

Completed (circle one)

- a High School Degree
- b G.E.D.
- c AA Degree/Diploma
- d Some College or Technical/Trade School
- e Bachelor's Degree
Major _____
- f Advanced Degree
Specify _____

Degree

I am enrolled at _____
(name of school)

pursuing a degree in _____
(curriculum)

Requirements Completed for Substance Abuse Prevention Consultant (circle one or fill in blank)

- a Obtained certification package **yes / no** _____ (date)
- b Registered with the NC Substance Abuse Professional Practice Board (formerly NC Professional Substance Abuse Certification Board) **yes / no**
- c Years of full time or volunteer supervised experience in high risk environments _____
- d Hours of Board approved education/training _____
- e Written exam passed / scheduled to take _____ (date)
- f Certified in North Carolina **yes / no** _____ (date)

•**Letters of reference must be submitted from two individuals including your current employer. Letters must be written on letterhead and include: a statement of the writer's relationship to you; an evaluation of your current skills in working in prevention in high risk environments; the length of time the writer has known you in a professional capacity; the writer's typed or printed name and telephone number.**

•**These letters need to be dated within one month of your application submission. Letters older than one month will not be accepted.**

Names of Supervisor for Prevention Work: _____
and Other Reference and their titles: _____

B. STATEMENT OF INTENT: (CHECK ONE & SIGN)

____ I affirm that I have registered with the NCSAPPB (formerly NCSAPCB) in order to pursue prevention certification. I am committed to providing professional substance abuse prevention consulting.

Signature _____ Date _____