

*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 Application for Treatment Counselors

Last Name _____ First _____

Home Address _____

City _____ State _____ Zip code _____

Date of Birth _____ Last 4 digits of social security no. _____

Home Phone No. () _____ Work Phone No. () _____

Email _____ Fax No. () _____

Current Occupation _____ Employer _____

Employer's Address _____

Race/Ethnicity <small>(for outreach & recruitment)</small>	Sex	Highest Level of Education Completed	Degree
<input type="checkbox"/> African-American	<input type="checkbox"/> Male	<input type="checkbox"/> High School Diploma	I am enrolled in (name of department): _____
<input type="checkbox"/> Hispanic American	<input type="checkbox"/> Female	<input type="checkbox"/> G.E.D.	at (name of school): _____
<input type="checkbox"/> Caucasian		<input type="checkbox"/> AA Degree	pursuing a degree in (name of degree): _____
<input type="checkbox"/> Native American		<input type="checkbox"/> Some College or Technical/Trade School	
<input type="checkbox"/> Asian/Pacific American		<input type="checkbox"/> Bachelors' Degree	
<input type="checkbox"/> Other (specify) _____		Major: _____	
		<input type="checkbox"/> Advanced Degree	
		Specify: _____	

Requirements Completed for Substance Abuse Counselor Certification

Obtained certification package yes no

Years of full time or volunteer supervised substance abuse counseling experience: _____

Date obtained package: _____ Hours of board approved education/training: _____

Date package filed with board: _____ Date written exam passed/scheduled to take _____

Registered with the NC Substance Abuse Professional Practice Board yes no

Certified/licensed in NC yes no

If certified and/or licensed check which: CSAC LCAS CCS

References (check one)

Referred by provider or faculty

Others must submit two letters of reference including one from your CCS. Print [online instructions](#) to give to your references.

List names and titles of references: _____

Letter of Commitment

Email or fax separately a letter of commitment (not to exceed two pages at 12 point font). This letter should include (a) why you would like to be considered for financial aid and (b) how this opportunity will benefit you and others in your profession.

STATEMENT OF INTENT (CHECK ONE & SIGN)

I affirm that I am seeking a degree in higher education as a part of my career goal as a substance abuse counselor. I have no history of alcohol or other drug abuse in the past three (3) years. I understand that, if I receive ESAP financial aid for college or university study, I must maintain at least a C in every course that I take (P for graduate studies). I agree to send ESAP mid-term and final grades for each course each term.

I affirm that I have registered with the NCSAPPB in order to pursue certification or licensure. I am committed to providing professional substance abuse counseling.

Signature: _____ Date: _____

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Letter of Commitment

This form is to be completed by applicants to the Education for Substance Abuse Professionals for support for Treatment Counselors. Do not exceed two pages.

Name:

Date:

ESAP Application: Submitted online (date: _____) Attached

Why would you like to be considered for this support?

How will this opportunity benefit you and others in your profession?

ESAP Application for Treatment Counselors

Please add any additional comments that will help us evaluate your application:
