ADAD APPLICATION - <u>PLEASE</u> FOLLOW DIRECTIONS <u>CAREFULLY</u>!

CERTIFIED SUBSTANCE ABUSE COUNSELOR (CSAC)

(Please type or print in ink; all areas must be completed for your application to be processed!)

1.	1. Name:			(Previous Name(s):			
	(I	(Legal Name)					
2.	Gender:	□ Male; □ Female	3. Date of	of Birth:			
4.	Home Address:						
	Street/P.O. Box						
		(City/State Zi	p Code			
5. Home Phone:		Cell Phone:					
		Area Code & Number for Each					
6. Email:							
7.	Social Security Nu	ımber:					
0							
ð.	8. What language(s) are you fluent in other than English?						
9.	What is your ethni	city? (Optionalresearc	ch purposes o	only)			
	(1) Ala	askan Native	_	(14) Micronesian			
		nerican Indian	_	(15) Samoan			
		mbodian	_	(16) Tongan			
	_ (4) Ch		_	(17) Other Pacific Isle			
	(5) Fili	-	—	(18) African American			
	(6) Jap		—	(19) Caucasian			
	(7) Ko		—	(20) Portuguese			
	(8) Lao		—	(21) Cuban			
		inawan	—	(22) Mexican			
		ther Asian	—	(23) Puerto Rican			
	_ (11) Fi	5	—	(24) Other Hispanic (25) Mixed			
		awaiian art-Hawaiian	—	(26) Other, Specify			
	_ (13)17	ant-mawaman	—	(20) Other, specify			
	FOR OFFICIAL USE ONLY						
Fee Amount:		Transc	cripts:				
Da	te Received:		Superv	visor Forms:			
Training Resume:			Code of	of Ethics:			
DATABASE:		Backg	round Check:				

Reminder: <u>DO</u> <u>NOT</u> send for any transcripts, trainings, or work verifications <u>until</u> you receive a reply email from the ADAD office stating the status of your application has been approved and that a file has been established!

EDUCATIONAL INFORMATION

I have a: (high school d	ploma or highest degree complete	ed):

In what area of study: _____

I will request that transcripts be sent to ADAD: YES NO

SUBSTANCE ABUSE COUNSELING WORK HISTORY

Employer:	
Dates of Employment:	
Employer Address:	
Supervisor's Name:	
Supervisor's Phone: _	
Employer:	
1 •	
Employer Address:	
Supervisor's Name:	
Cum amuia an'a Dh an ai	
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Employer:	
Dates of Employment:	
Employer Address:	
Supervisor's Name:	
Supervisor's Phone:	

CURRENT EMPLOYMENT

Employer:	
Dates of Employment:	
Employer Address:	
Work Phone:	

Have you, at any time (EVER!), been the subject of a finding of unethical, unprofessional, or illegal conduct made as part of a final decision by a regulatory body (e.g. certification or licensing board) or by a <u>court</u> (civil or <u>criminal</u>)? (Note: Mandatory background checks <u>are</u> <u>conducted</u>, and falsifying any information may result in your application being declined!)

Yes No (*This includes ANY criminal charge, ever! If yes, you MUST attach a letter of explanation, and copies of official court documents showing all charges have been adjudicated, and you are not on probation or parole for at least one year.*)

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"I hereby certify that all of the information given herein and on any attachments is true and complete to the best of my knowledge. I understand that falsification of any portion of this application or attachments may result in the revocation of this application.

I further agree to hold the Department of Health, Alcohol and Drug Abuse Division agents, staff and examiners free from any civil liability for damages or complaints about any action within the scope and arising out of the performance of their duties and which is taken in connection with this application, the examinations, grades received on examinations, and/or the failure of the Division to issue me a certificate."

Applicant's Name (PRINT)

Applicant's Signature (IN INK)

Date

**You must sign the "<u>Code of Ethics Statement</u>" which is included in this packet. Unsigned or incomplete applications will not be processed.

RECORD STORAGE

The Alcohol and Drug Abuse Division maintains records on all applicants and Certified Substance Abuse Counselors and Program Administrators. **Inactive records are archived for three (3) years from date of last correspondence and may be destroyed after five (5) years from date of last correspondence.** Therefore, it is important to keep ADAD informed of any address change.

<u>Remember to include your \$25 certified check or money order (only!!) made out</u> to the "State Director of Finance." Please mail your application, payment, and signed code of ethics statement **BEFORE** you include any certificates of completed trainings or send for any transcripts so that we can first open a file for you in our office. Mahalo!

Please mail your completed application to:

Certification Department Alcohol and Drug Abuse Division 601 Kamokila Boulevard, Room 360 Kapolei, HI 96707