

AMERICAN INSTITUTE FOR CREATIVE LIVING
2295 Victory Boulevard, Staten Island, New York 10314, (718) 698-0300

**APPLICATION FOR ADMISSION TO PROGRAM IN CREDENTIALLED
ALCOHOL AND SUBSTANCE ABUSE COUNSELOR (CASAC)**

Personal

Social Security # _____ (you may leave blank)

Last Name _____ First _____ Middle _____

Address _____

Home Telephone _____ Cell Phone _____ Work Phone _____

Fax _____ Email _____

Date of Birth _____ Marital Status: Single _____ ; Married _____ ; Other _____

If married, spouse's full name _____

Citizen USA: Yes ___ No ___ Religion (optional) _____ Ethnic Origin (optional) _____

Please attach firmly a passport photo or driver's license or similar to the reverse page)

Academic

High School:

Location _____ Date of Graduation _____

GED

Location _____ Date of Graduation _____

Undergraduate College _____

Location _____

Degree _____ Field _____ Date _____

Graduate University _____

Location _____ Degree _____ Field _____

Date _____

Graduate University _____

Location _____

Degree _____ Field _____ Date _____

Copy of High School Diploma or GED and all college transcript(s) must be sent directly from Registrar to the Admissions Officer of AICL. It is not necessary to send High School Diploma /GED if these are noted on your college transcript.

Work Experience

List all employment of the last *ten* years: name, location; dates; duties; reason for leaving:

1. _____

2. _____
3. _____
4. _____
5. _____

Recommendations

Three letters of recommendation are required. These should only be from teachers (*at least one*) and supervisors (*at least one*) of your recent work place(s). The letter should include an assessment of your work, ethics and that you are recommended (to the best knowledge of the one writing) for CASAC training and the treatment of clients. ***These letters are to be sent directly to the Admissions Officer of AICL.***

Have you ever been found guilty, or pleaded guilty, no content, or *nolo contendere* to a crime (felony or misdemeanor) in any court? Yes _____ No _____.

Are criminal charges pending against you in any court? Yes _____ No _____.

Has any licensing or disciplinary authority refused to issue or ever revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew a professional license or certificate held by you now or previously, or ever fined, censured, reprimanded or otherwise disciplined you? Yes _____ No _____

Are charges pending against you in any jurisdiction for any sort of professional misconduct? Yes _____ No _____.

Has any hospital or licensed facility restricted or terminated your professional training, employment, or privileges or have you ever voluntarily resigned or withdrawn from such association to avoid imposition of such measures? Yes _____ No _____.

Note: If you answer "Yes" to any of the above questions , submit a letter giving a complete detailed explanation.

I hereby certify that the information given in this application is accurate and complete to the best of my knowledge. If, I am accepted as a student, I agree to abide by the policies, philosophy of conduct, and expectations of American Institute for Creative Living. I have read in its entirety the information on AICL including the material on history, mission, requirements, grades and fees.

Date: _____ Signature _____

NOTARY

State of _____ County of _____

On the _____ day of _____ in the year _____, before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose

name is subscribed to this application and acknowledged to me that he / she executed the application and swore that the statements made by him / her in the application and all supporting materials are true, complete and correct.

Notary Public's Signature_____

Notary ID number _____

Expiration Date:_____

Month Day Year

Notary Stamp