



School of Addiction Studies

Application for Admission

First Name: _____ Address: _____

Last Name: _____

Email: _____

Phone: _____ City: _____

Mobile: _____ State: _____

Birthday: _____ Zip: _____

Education Format: _____

Best Form of Contact: _____

Best Time to be Reached: _____

My Interest Level: _____

Anticipated Start Date: _____

How did you hear about the Addiction Studies Program at Sober College: _____

My Education Level: _____

Further Certifications/Courses: _____

Current Employer: _____

Why are you Interested in Becoming a Certified Drug and Alcohol Counselor: _____

Any Prior Experience: _____

Additional Comments/Questions: _____
