

Indian Alcoholism Commission of California, Inc. [IACC]

Professional Experience: (Alcohol/Drug) _____ Years _____ Months

Facility: _____ Address: _____

Dates: (From/To) _____

Immediate Supervisor: _____ Phone: () _____

Your Title: _____ Major Duties: _____

Professional Experience: (Substance Abuse) _____ Years _____ Months

Facility: _____ Address: _____

Dates: (From/To) _____

Immediate Supervisor: _____ Phone: () _____

Your Title: _____ Major Duties: _____

STATEMENT OF UNDERSTANDING

I hereby affirm that this application is made on my own behalf and is entirely voluntary on my part. I hereby agree to waive the right to inspect the results of inquiries made of employers, co[workers, references, educational institutions or any others, which were sought and secured in the process of making a determination as to my certification by IACC will be accepted by me without question. I hereby authorize hospitals, any type of business organization, schools, other organizations or persons name herein to release any information they may have regarding me. I hereby release said parties from any and all liability arising out of the furnishing of the information that may be requested by IACC in connection with this application.

I understand that certification depends on my meeting the requirements and criteria established by the Board. I understand that intentionally false or misleading statements on this application will result in my being declared ineligible for certification. Data from my application may be used for statistical purposes. The application fees and portfolio become the property of IACC. All fees are non-refundable.

Signature

Date

Address questions and/or mail application, portfolio and fee(s) to:
Indian Alcoholism Commission of California, Inc.