



# Indian Alcoholism Commission of California, Inc. [IACC]



## APPLICATION FOR SUBSTANCE ABUSE COUNSELOR CERTIFICATION

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Fax ( ) \_\_\_\_\_ Email \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security # (optional) \_\_\_\_\_

American Indian: Yes \_\_\_\_\_ No \_\_\_\_\_ Tribal Membership Number \_\_\_\_\_

\_\_\_\_\_ Asian-American \_\_\_\_\_ Black/African-American  
\_\_\_\_\_ Caucasian \_\_\_\_\_ Mexican-American \_\_\_\_\_ Other: \_\_\_\_\_

Professional Affiliation: \_\_\_\_\_

### **Education:**

\_\_\_\_\_ School Name \_\_\_\_\_ Dates (From/To) \_\_\_\_\_ Major/Degree/Awards \_\_\_\_\_

GED: \_\_\_\_\_

High School: \_\_\_\_\_

College: \_\_\_\_\_

Graduate School: \_\_\_\_\_

### **Specialized Training in Substance Abuse (School/Seminar/Workshops)**

Title of Course Facility Date(s) Hours

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(If more space is needed, please use back of form)



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## *Professional Experience (Begin with current employment)*

Facility & Address: \_\_\_\_\_

Date(s): \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_

Your Title: \_\_\_\_\_

Major Duties: \_\_\_\_\_

\_\_\_\_\_

Professional Experience (Alcohol/Drug) \_\_\_\_\_ Years \_\_\_\_\_ Months

Facility & Address: \_\_\_\_\_

Date(s): \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_

Your Title: \_\_\_\_\_

Major Duties: \_\_\_\_\_

\_\_\_\_\_

Professional Experience (Alcohol/Drug) \_\_\_\_\_ Years \_\_\_\_\_ Months

Facility & Address: \_\_\_\_\_

Date(s): \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_

Your Title: \_\_\_\_\_

Major Duties: \_\_\_\_\_

\_\_\_\_\_

Professional Experience (Alcohol/Drug) \_\_\_\_\_ Years \_\_\_\_\_ Months