**2021 NJ-DMHAS Career Ladder Scholarship**

**Summer School of Addiction Studies (SSAS)**

The 2021 NJ-DMHAS Career Ladder Scholarship is made possible by the New Jersey Division of Mental Health and Addiction Services. This scholarship is for attendance at the 2021 Summer School of Addiction Studies (SSAS) for individuals who are committed to pursuing professional development.

The scholarship is competitive and designed to provide financial assistance to individuals employed at DMHAS licensed or funded substance use, behavioral health, and prevention programs.

**Eligibility**

1. Applicant must be employed by a NJ-DOH licensed substance use facility or a DMHAS funded behavioral health, prevention, or recovery support services program at the time of application and at the time of 2021 Summer School. Grant funded program staff will receive first priority for attendance.
2. Applicant must possess a relevant clinical license or certification (*see application*) and be able to provide personal and agency license/certification numbers on all application materials.
3. Supervisor’s authorization (signature, credentials, and contact information)

**Application Process**

The following application materials must be received by June 19, 2021 in order to be considered.

1. The completed scholarship form.
2. A completed SSAS registration form (attached).
3. Your resume.

Before sending, please review the entire application packet to ensure you have completed all fields and included all materials. The *signed* scholarship application, registration form, and resume may be submitted by email, fax, or regular mail but **must be typed**. Handwritten application materials will not be accepted. Applications submitted without registrant and supervisor signatures will not be processed. *Applications are reviewed on a rolling basis.*

**Completed application packets should be submitted no later than June 19, 2021 to:**

|  |
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| Ricki Arvesen  cas\_ed@rutgers.edu (EMAIL)  (848) 445-4317 (PHONE) |

**Personal Information**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name |  | | | | | |  | | | | | | |  | | |  |
|  | Last Name | | | | | | First Name | | | | | | | MI | | | Suffix |
| DOB |  | | | Gender: |  | | | | |  | | |  | | | | |
|  | mm/dd/yyyy | | |  | |  | | |  | | | | | |  | | |
| Mailing Address | | |  | | | | | | | | | | | | | | |
|  | | | Number & Street | | | | | | | | | | | | | Unit # | |
|  | | | | | | | | | | | | | | | | | |
| City/Town | | | | | | | | State | | | Zip Code | | | | County | | |
| Primary Phone | | |  | | | | | | Cell Phone | | |  | | | | | |
| E-mail\* | |  | | | | | | | | | ***(\*All communication will be made through email)*** | | | | | | |

**Employment**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Employment Status | | | | Full Time | Part Time: How many hours work/volunteer per week: | | | | | | | | |  |
| Employer |  | | | | | | Program: | | |  | | | | |
| Position/Title | |  | | | | | Time with current employer | | | | | |  | |
| Work Address | | |  | | | | | | | | | | | |
|  | | | Number & Street | | | | | | | | | | Unit # | |
|  | | | | | | | | | | | | | | |
| City/Town | | | | | | State | | | Zip Code | | | County | | |
| Work Phone | |  | | | | | | Extension | | |  | | | |

**Employer Information**

|  |  |  |  |
| --- | --- | --- | --- |
| ***To be eligible, you must be employed at a DOH-licensed substance use facility, or funded behavioral health, prevention, or recovery support services program.*** | | | |
| What is your agency’s DOH license or contract #’ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Does your agency receive DMHAS funding? | Yes | No |
| Does your agency allocate funds towards training? | Yes | No |
| Are you employed by the state of New Jersey? *\* Less than 5% will be granted to state employees* | Yes | No |
| Have you ever received a DMHAS scholarship? If so, what type: \_\_\_\_\_\_\_\_\_\_\_\_ | Yes | No |
| Have you ever received a DMHAS scholarship to attend SSAS? If so, what year: \_\_\_\_\_\_\_\_ | Yes | No |

**Education, Certification, and License**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Do you have a high school diploma or General Educational Development (GED) credential? | | | | | | | | | | | | Yes | No | |
| What is your highest level of education beyond high school? | | | | | | | | | | | | | | |
| Associates Degree (AA) | | | Bachelor’s Degree (BA/BS) | | | | Master’s Degree | | Doctorate Degree | | |
| Major/Field of Study\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | |
| What type(s) of New Jersey State license or certification do you possess? C***heck all that apply and provide number(s)*** | | | | | | | | | | | | | | |
| LCADC | | CADC | LCSW | | CCS | CPS | LPC | | Psychologist | Other \_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Certification/license number(s): | | | |  | | | | | | | | | |

**Applicant Statements**

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| --- |
| Please answer the following questions as they relate to your current position or planned career path. **Each response should be no more than 100 words**, but please be specific. Our programs can benefit the careers of all addiction specialists; these questions are designed to help us determine individuals who will benefit most. |
| 1. Why is the DMHAS Ladder Scholarship for SSAS important for your professional growth? 2. How do the SSAS courses you have selected benefit your current work in the field or your career path? 3. Do you have a financial need for the scholarship? Please explain. |

**Race/Ethnicity (Optional)\***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Latino/Hispanic |  | Middle Eastern |  | Native Hawaiian or Pacific Islander |
|  | Asian |  | White |  | American Indian or Alaska Native |
|  | Black/African American |  | Other (*please specify)* | | |

***\**** *Demographic information is requested to monitor workforce development initiatives that promote a diversified workforce.*

**Applicant Signature**

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Date |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Supervisor’s Name | |  | | | | | |  | | | |
|  | | Last Name | | | | | | First Name | | | |
| Title |  | | | | Credentials | | | |  | | |
|  | | | | | | | | |  | | |
| 1. How long has the applicant been employed in their current position? | | | | | | | | |  | | |
| 1. How long has the applicant been supervised by you? | | | | | | |  | | | | |
| 1. What is the applicant’s job title and responsibilities? | | | | | |  | | | | | |
| 1. What is the population served by your program? | | | |  | | | | | | | |
| **Supervisor’s Signature** | | |  | | | | | | | **Date** |  |

**2021 SUMMER SCHOOL OF ADDICTION STUDIES**

**REGISTRATION FORM**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Personal Information** | | | | | | | |
| E-mail (required) |  | | | | | | |
| T-Shirt Size (Default = L) | | S M L XL XXL Other\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| Have you previously attended the school? | | | | | Yes  No | If yes, list the year(s) | |
| How did you hear about SSAS? | | | Online  Mailer  Colleague  Other\_\_\_\_\_\_\_\_\_\_\_ | | | | |
|  | | | | | | | |
| **Registration** | | | | | | | |
| Please provide your morning and afternoon course choices; all efforts will be made to ensure your choosing, however class seating is limited and courses will be filled on a first-come, first-served basis. | | | | | | | |
| Session | | | | Please write the course code and course title: | | | |
| 1. Morning Session 9:00 a.m. – 12:20 p.m. | | | |  | | | |
| 1. Afternoon Session 1:00 p.m. – 4:20 p.m. | | | |  | | | |  |
| Tuesday afternoon lecture 4:30 – 6:00 pm: **Integrating the Pursuit of Happiness in SUD Treatment** | | | | I will attend: | | | I will not attend: |
| Thursday Afternoon lecture 4:30 – 6:00 pm**: South Asian Cultural Competency** | | | | I will attend: | | | I will not attend: |
| **Accommodations** | | | | | | | |
| Please let us know if there are accommodations needed: | | | | | | | |