

REGISTRATION FORM

Personal Information

Last Name _____ First Name _____ M.I. _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ E-mail _____

Professional Information

Employer _____ Position _____

Are you employed (select one): FULL-TIME
 PART-TIME (# of hours) _____

How long have you been employed at your current job? _____

Work Address _____ Work Phone _____
City _____ State _____ Zip Code _____

Credentials:

Certification or License #: _____

Please select all that apply: LCADC CADC LPC LCSW LAC LSW

Other: (please specify) _____

I hereby confirm the above person is licensed and employed by a DMHAS licensed agency under my supervision.

Supervisor Name and credentials _____

Supervisor Signature _____ Date _____

Applicant Signature _____ Date _____

**You are not registered for the seminar until you received a confirmation email.*

**Agencies may be limited in the number of staff selected to receive scholarships. Supervisors may be asked to prioritize staff attendance.*

Email to: [cas_ed@rutgers.edu](mailto:cav_ed@rutgers.edu)
Fax to: 732-445-3500

MAIL TO:
Center of Alcohol Studies
Education and Training
607 Allison Road, Piscataway, NJ 08854-8001



2019 – 2020 Professional Development Seminar Series

REGISTRATION FORM

REGISTER ONLINE: education.alcoholstudies.rutgers.edu/seminar

REGISTER BY MAIL: Please type. Handwritten or incomplete applications will not be reviewed.

Are you a New Jersey Resident?

Do you currently work in the field of addiction, prevention or treatment?

Do you work for a DMHAS licensed treatment or prevention agency?*

Agency License # _____

Are you a State of NJ employee?

Are you an employee of NJ DHS?

Have you ever received a scholarship from DMHAS?
IF YES, list the date (month/year) you received it: _____

Are you currently enrolled in CADC initial training?
If YES, where are you enrolled?

List up to 2 seminars that you would like to attend. Indicate how the selected trainings would enhance your ability to work with clients in your agency. Be brief, but specific.

Choice 1. PDS

Choice 2. PDS

Email to: cas_ed@rutgers.edu
Fax to: 732-445-3500

Fax to: 732-445-5500

MAIL TO:
Center of Alcohol Studies
Education and Training
607 Allison Road, Piscataway, NJ 08854-8001