



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 received scholarships. Supervisors may be asked to prioritize staff attendance.*

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

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



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? _____

YES	NO

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 _____

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