

2022 Emerging Addiction Conference

New Jersey Division of Mental Health and Addiction Services is offering tuition remission to attend the Emerging Addiction Conference, for a limited number of applicants. To apply, complete the DMHAS Scholarship Application. Carefully check eligibility and application requirements.

Eligibility

1. Applicant must be a New Jersey resident.
2. Applicant must be employed by a NJ-DMHAS licensed or funded program at the time of application and at the time of the seminar.
3. Applicant must possess a relevant clinical license or certification (see application) and be able to provide license/certification number on all application materials.
4. Supervisor's authorization.

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

Completed application packets should be submitted to:

Addiction Education Program
Rutgers Center of Alcohol Studies
607 Allison Road, Piscataway, NJ 8854-8001

cas_ed@rutgers.edu (EMAIL)
(848) 445-4317 (PHONE)
(732) 445-3500 (FAX)

Personal Information

Name _____
Last Name First Name MI Suffix

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

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

Supervisor's name and credentials _____

Supervisor's signature: _____

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

Have you ever received a DMHAS scholarship? If so, what type: _____ Yes No

Certification / Licensure

What type(s) of New Jersey State license or certification do you possess? *Check all that apply and provide number(s)*

LCADC CADC LCSW CCS CPS LPC Psychologist Other _____

Certification/license number(s):

Applicant Statements

Please answer the following question 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; this question is designed to help us determine individuals who will benefit most.*

Please indicate how the Emerging Addiction Conference, would enhance your ability to work with clients in your agency. Be brief, but specific.