



Substance Use Disorder Treatment Training Certificate Program
Application for FALL Admission - Deadline April 1

PROGRAM INFORMATION (Please type or print clearly and answer all questions.)

Have you previously applied to this program? [] No [] Yes, in year
If yes, did you attend any classes? [] No [] Yes, these classes:

Are you currently a University of Utah Student? [] No [] Yes, my University ID is

Will you be taking the courses for non-credit or for academic credit (if credit you must apply to the University of Utah as a non-degree seeking student, unless you are already a degree-seeking student)? [] Non-Credit [] Credit

PERSONAL INFORMATION

Date of Application

Full Legal Name Last First Middle

Other names, under which your academic records may be listed (example: maiden name):

Mailing Address Street Address

City, State, ZIP

Telephone Number: E-mail Address

EDUCATION (List, in chronological order, the high schools, universities, colleges, and professional schools attended.)

Table with 5 columns: School Name, Location (City & State), Dates Attended, Major/Minor, Certificate/Degree/Diploma. Includes rows for From/To and GPA.

TRANSCRIPTS

With this application, please include copies of transcripts for any colleges or universities you have attended. Please do not mail them; rather you may email them with your application materials to sudc@utah.edu

ACKNOWLEDGMENT STATEMENT *(Please read the following statement and sign below to indicate your understanding.)*

The Substance Use Disorder Treatment Training Certificate Program is a professional, university-level training program. Please be aware that there are obligations and restrictions related to both the completion of this program and to work within the substance use disorder treatment field. **If you are pursuing licensure as a substance use disorder counselor, additional requirements must be met as specified by the State of Utah's Division of Occupational and Professional Licensing, (DOPL).** For more information, please contact DOPL at 801-530-6628 or visit their website at <https://dopl.utah.gov/>.

Students are required to complete the courses in the order provided by the program. All courses must be successfully completed each semester before attending the next semester's classes. The program curriculum includes completion of either the 200/350 (depending upon level of licensure sought) hours of field experience (practicum) while enrolled in the corresponding classes (Functions & Recovery and Field Training) and two non-credit, non-graded experiential labs. A certificate of completion will not be granted until all program requirements are successfully completed.

A passing grade of "C-" or better is required in all SUDTTC Program courses in order to complete the program. Students who do not receive a passing grade will be required to retake and successfully complete the course the next time it is offered before being allowed to continue in the program. Students are expected to complete the SUDTTC Program in either 1 or 1.5 academic years. Students who successfully complete the program will be awarded a certificate of completion for the Substance Use Disorder Treatment Training Certificate Program, which will include the number of practicum hours completed.

Therapeutic wisdom and program experience confirms that students in recovery and post-completion of treatment for three or more years perform better academically and make the transition into the role of 'professional' with greater levels of success." It is for these reasons that candidates are asked to apply no less than 3-5 years post-treatment.

A history of alcohol and/or substance abuse or conviction for past criminal activity or conduct will not necessarily be used to exclude anyone's admission into the SUDTTC Program; however, students are advised that past or future substance abuse, or criminal activity, may limit or prevent them from securing an internship, which is required for completion of the program. In addition, the student may be ineligible to receive a state license to practice, or obtain employment in the field. For more information, contact the Division of Occupational and Professional Licensing.

My signature indicates my acknowledgment of the above statements and my affirmation that all information contained in this application and accompanying materials are complete and accurate.

Signature _____

Date _____

APPLICATION INFORMATION

All application materials should be sent as electronic PDF files to sudc@utah.edu by April 1st, for Fall Semester (August) admission. Applications are not reviewed until complete. Contact sudc@utah.edu with any questions or concerns. Applicants are notified of program admission decision via email by May 15th.

APPLICATION FEE

A **\$50.00** application fee is required with each application. Payment may be made online. Please visit <https://umarket.utah.edu/um2/csw/product.php?product=18&storecookie=1>

Proceed through the online checkout process. Please include a copy of your payment confirmation with your application.

This information may be used for government reporting purposes and admission trends, and will be detached from the application to ensure confidentiality and anonymity. Failure to provide this information will have no adverse effect on your potential for admission.

Gender: Male Female Self-Identify _____

Ethnic Origin: American Indian; Asian; African American; Hispanic; Pacific Islander; White; Other: _____

U.S. Citizen: Yes; No **Disability:** Yes; No **Veteran Status:** Yes; No **Age:** _____



**Substance Use Disorder Treatment Training Certificate Program
Reference Form (3 complete references required for each application)**

This reference form must be completed and sent to sudc@utah.edu by the recommender (not the applicant) no later than April 1st. Recommenders must complete the entire form. They may also include a letter if desired.

Under the provision of Public Law 93-380, this recommendation is available to the applicant's inspection unless they waive the right to review it. Recommendations with waived rights of access are considered more objective. Please opt for one of the following:

I acknowledge the University's policy of confidentiality with regard to this letter and hereby **waive** my right of access to same. _____

I acknowledge the University's policy of confidentiality with regard to this letter and hereby **do not waive** my right of access to same. _____

Applicant's Signature

Phone Number

Date

Applicant's Name (please print)

The above-named applicant has applied to our Substance Use Disorder Treatment Training Certificate Program and has requested that you submit a recommendation. Students are carefully selected for this program. Integrity, emotional stability, and a capacity and desire to learn are essential qualifications. We would be grateful for your help in this regard. Your early reply will be advantageous to the candidate since we cannot consider the application until the file is complete. We encourage applicants to seek these references from people employed professionally in a human services related field *and* who have known them for a minimum of **two years**. **Forms received from relatives, friends, or the applicants own personal care provider, therapist, counselor, etc, cannot be accepted.** Recommendations must be sent directly to sudc@utah.edu by the recommender.

Type of reference: Professional Academic

I know the applicant: Very well; Well; Fairly well; Superficially

Length of contact: _____

Nature of contact: _____

Please rate applicant on the criteria listed below:	Outstanding	Above Average	Average	Below Average	No Basis for Judgment
Personal traits which speak to initiative, integrity, and dependability					
Academic or intellectual ability					
Ability to manage collegial & client relationships					
Openness to learning and new information					
Ability to listen and accept corrective feedback					
Quality and ability to write					
Quality and ability to speak					
Emotional stability and maturity					

On a scale from 1 to 10 (one being least and ten being most), please rate this applicant's potential for a career in the field of substance use disorder counseling. ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

What, in your opinion, makes this applicant promising among applicants who may appear to be equally well qualified? _____

Where might this applicant have their greatest challenge? _____

Please list the reasons why you think this applicant is ready for chemical dependency education. _____

Please provide your frank opinion of the likelihood of the applicant's success in this training program. _____

Do you have any concerns? ___ No ___ Yes, if yes, please explain. _____

Additional Comments: _____

Thank you for your assistance.

Reference Writer's Name (please print)

Title

Reference Writer's Signature

Agency/Organization Affiliation

Phone Number

Date