

Chemical Dependency Certificate Program Supplemental Application

This Supplemental application is required for admittance for the Chemical Dependency Certificate Program.

How to apply:

- 1. Complete the free electronic Jefferson Community College application, available at www.sunyjefferson.edu along with the Chemical Dependency Supplemental Application.
- 2. For new students please submit all college transcripts, degrees held, and course descriptions for completed human service/chemical dependency courses.
- 3. Submit one reference from an individual familiar with your human service related work and/or academic abilities.
- 4. Write a brief personal statement describing your human service related work and/or academic experience, and your goals within the chemical dependency field.
- 5. Request a deficiency letter from OASAS (<u>OASAS.NY.GOV</u>) follow instructions under credentialing
- 6. Submit Chemical Dependency Supplemental Applications to:

Amy O'Donnell or Kimberly Stearns Jefferson Community College 1220 Coffeen Street Watertown, NY 13601

To email submissions: <u>aodonnell@sunyjefferson.edu</u>

kstearns@sunyjefferson.edu

(the deadline for submission of applications is the second Monday in August)

For more information contact:

Amy O'Donnell, instructor of Chemical Dependency, 315-786-2476 or aodonnell@sunyjefferson.edu

or

Admissions Office at (315) 786-2437



Chemical Dependency Supplemental Application

Name:	(- 1)		·
(Last)	(First)	(MI)	J#
Date of Birth:(MM)	/ / / (ND) (YYYY)	<u>-</u>	
Address:	<u>.</u>	Phone:	<u>.</u>
	<u>.</u>	Cell:	<u>.</u>
	<u> </u>	Email:	<u>.</u>
progran	gree associate's degree stud n by permission of the (s, and Pubic Safety or th	Chair of School of Ed	lucation, Behavioral
Bachelor's degre 2.0 or higher	e in Human Services/Ps	sychology or related	field with a GPA of
Date of deg	gree		
Master's degree i	in related field		
Date of deg	ree		

** If you have not met any of the above requirements, and are not eligible for the certificate program, you may register for the Chemical Dependency A.A.S. Degree Human Service related work experience

Agency/Company (including address and phone #)	Your Title/Position Held	Dates of employment (volunteer or paid)

Non-Human Service experience

Agency/Company (including address and phone #)	Your Title/Position Held	Dates of employment (volunteer or paid)
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Certification/release by application

I, the undersigned, acknowledge that the information set forth in this document and attachments are true and accurate to the best of my knowledge. I give Jefferson Community College and designated members of the Chemical Dependency Program permission to contact references and/or employers listed. I understand that any information given in references will remain confidential between the College and references. I hereby hold harmless any and all liability from Jefferson Community College, Jefferson County and references resulting from providing information regarding my character, study habits, and/or abilities. I understand that any known false information given will result in a denial into the program.

	Date:		/	/ /.
Signature of Applicant		(MM)	(DD)	(YYYY)
Attach the following to the application:				
Personal Statement				
Copy of college transcripts				
Copy of course descriptions				
Copy of degrees held				
☐ Work/Academic reference				
Other material relevant to this application				
Deficiency letter from OASAS (if applicable)				



Chemical Dependency Certificate Program Recommendation Form

To be completed by a person (other than a relative/friend), familiar with your academic abilities and or human service related professional experience.

Name of Applicant:	<u>.</u>
Note: Pursuant to federal law, a student caforementioned applicant waives such right	an access the evaluation in his/her file unless the ht. Such a waiver is not required.
Applicant waiver:	
☐ I DO permanently waive my right to s☐ I DO NOT waive my right to see this	
Signature of Applicant	(MM) (DD) (YYYY)
Name of person providing reference:	
Title:	Contact phone #:
How long have you known applicant:	<u>.</u>
In what capacity:	

Please rate the applicant in the following areas:

	Excellent	Above Average	Satisfactory	Below Average	Poor	Unable to Evaluate
Accountability/responsibility	0	0	О	0	О	0
Analytical Ability	0	0	О	0	О	0
Communication Skills	0	0	О	0	О	0
Critical Thinking	0	0	О	0	О	0
Initiative/self-motivation	0	О	0	0	O	0

Interpersonal Skills	0	0	0	0	О	0
Leadership	0	0	О	О	О	0
Regard for Others	0	0	0	0	О	0
Stress Management	0	0	О	0	О	0
Study Skills	0	0	О	О	О	О
Teamwork	0	0	О	0	О	0
Time Management	0	0	0	О	О	0
Capabilities as a human service professional	О	0	0	О	0	О

Comments:				
	Date:		/	/
Signature of reference	_	(MM)	(DD)	(YYYY)

Please submit recommendation directly to Amy O'Donnell at Jefferson Community College, 1220 Coffeen Street, Watertown, NY 13601

Updated: March 2021/kss