Chemical Dependency Certificate Program
Supplemental Application

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

How to apply:

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 (OASAS.NY.GOV) – 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: aodonnell@sunyjefferson.edu
   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: __________________________ __________________________ ________.
     (Last)                          (First)                           (MI)    J#

Date of Birth: __________ / __________ / __________.
     (MM)         (DD)         (YYYY)

Address: __________________________
     __________________________
     __________________________

Phone: __________________________
     Cell: __________________________
     Email: __________________________

Education

☐ Associate’s degree in Human Services/Chemical Dependency or related field i.e. CRJ with a 3.0 or higher GPA

☐ Bachelor’s degree in Human Services/Psychology or related field with a GPA of 2.0 or higher

☐ Master’s degree in related field

☐ Date of degree

** Current associate’s degree students can only be entered into the certificate program by permission of the Chair of School of Education, Behavioral Sciences, and Public Safety or the Associate Vice President for Liberal Arts
**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**

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<thead>
<tr>
<th>Agency/Company (including address and phone #)</th>
<th>Your Title/Position Held</th>
<th>Dates of employment (volunteer or paid)</th>
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**Non-Human Service experience**

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

________________________________________.  
Signature of Applicant  

Date: ________ / ________ / ________ /.

(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: _____________________________________________.

Note: Pursuant to federal law, a student can access the evaluation in his/her file unless the aforementioned applicant waives such right. Such a waiver is not required.

Applicant waiver:

☐ I DO permanently waive my right to see this document.
☐ I DO NOT waive my right to see this document.

___________________________________________ Date: ________ / ________ / ________.
Signature of Applicant            (MM)    (DD)       (YYYY)

Name of person providing reference: _____________________________________________.

Title: ___________________________.    Contact phone #: ___________________________.

How long have you known applicant: ___________________________.

In what capacity: _____________________________________________.

Please rate the applicant in the following areas:

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<th>Excellent</th>
<th>Above Average</th>
<th>Satisfactory</th>
<th>Below Average</th>
<th>Poor</th>
<th>Unable to Evaluate</th>
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<tbody>
<tr>
<td>Accountability/responsibility</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Analytical Ability</td>
<td>0</td>
<td>0</td>
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<td>Communication Skills</td>
<td>0</td>
<td>0</td>
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<td>Critical Thinking</td>
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<td>Initiative/self-motivation</td>
<td>0</td>
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### Interpersonal Skills
- Interpersonal Skills: 0
- Leadership: 0
- Regard for Others: 0
- Stress Management: 0
- Study Skills: 0
- Teamwork: 0
- Time Management: 0
- Capabilities as a human service professional: 0

**Comments:**

______________________________

______________________________

Date: / /  
(MM) (DD) (YYYY)

______________________________

Signature of reference

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

Updated: March 2021/kss