



## Application for 250-hour Certified Prevention Professional Program

The following items must be received to be considered for the 250-hour Certified Prevention Professional program at Alfred State:

- Application form (personal data, educational data, work experience data)
- Copy of your highest degree diploma – Note: you **MUST** have earned a Bachelor’s degree to apply to this program.
- Personal statement
- Student acknowledgement form
- Three reference forms
- An application fee of \$25 in a check, made payable to Alfred State

You may mail completed applications along with a \$25 check to:

The Center for Community Education and Training

Alfred State

10 Upper College Drive

Alfred, NY 14802

Or email to [ccet@alfredstate.edu](mailto:ccet@alfredstate.edu)

Please print or type all information.

### PERSONAL DATA:

Full Name:	
Home Address:	
Phone Number:	
Email Address:	
Employer Information (Name/Contact Person, Phone, Email):	

EDUCATIONAL DATA: (Please provide a copy of Bachelor's, Master's degree diploma)

Do you have at least a Bachelor's degree	<input type="radio"/> Yes <input type="radio"/> No
Degree(s) received:	
Other credentials or licensure:	
List any training you have received in substance use disorders or SUD prevention:	

WORK EXPERIENCE:

Do you currently work in the substance abuse field?:  Yes     No

If yes, please give the name and contact information of your clinical supervisor:

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Please list any work experience you have in the SUD/Prevention field.

Dates Worked	Agency	Job Duties

PERSONAL STATEMENT:

Please print clearly, or type in 500 words or less, why you are interested in this program and how you plan to use this experience. Attach additional pages as needed.

### **Student Acknowledgements**

Please initial each item and sign the bottom.

If I am accepted into the 250-hour Certified Prevention Professional program, I understand that:

\_\_\_\_\_ I am financially responsible for paying Alfred State \$10 per CPP hour prior to all courses. There are no refunds for any courses once funds are paid.

\_\_\_\_\_ I am responsible for completing the CPP Resources and Readiness course before I am able to start my course work.

\_\_\_\_\_ I will not be able to move on to the next course until my instructor notifies the Center for Community Education and Training of my completion of the previous course.

Questions regarding the above should be discussed with the Center for Community Education and Training PRIOR to submitting your application.

Student Name: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Reference Form

\_\_\_\_\_ has applied to take the 250-hour Certified Prevention Professional program through the Center for Community Education and Training at Alfred State. In order to consider this applicant, we require professional and/or educational references from individuals who know the applicant, and who are not members of the applicant's family. Please fill out this form and give back to the applicant to return to Alfred State with their application.

If you prefer, you may fax this directly to the Center for Community Education and Training at 607-587-3295.

Applicant's name:	
Your name and place of employment:	
How do you know the applicant?:	
How long have you known the applicant?:	
Would you recommend the applicant to work in the SUD Prevention field? Why or why not?:	
Do you have reservations regarding the applicant's ability to participate in an intensive training program?:	
Do you have reservations regarding the applicant's ability to work in a counselor/client relationship?:	
Do you have reservations regarding the applicant's ability to work as a team member?:	

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Phone number for possible verification: \_\_\_\_\_

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