



# The Addictions Care Center of Albany, Inc.

## 350 Hour CASAC Community Education Program Application

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

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_ Evening #: \_\_\_\_\_

Cell #: \_\_\_\_\_ E mail: \_\_\_\_\_

Date you can begin classes: \_\_\_\_\_

\* Classes are currently held 5:00 – 9:00pm, Tuesday and Thursday evenings

\*\*\*\*\*

Education Completed To Date: Please list High School, GED, Undergraduate and Graduate College/University, # of CASAC hours completed (if any) and the dates each were completed.

GED: \_\_\_\_\_ Date Completed: \_\_\_\_\_

High School: \_\_\_\_\_ Date Completed: \_\_\_\_\_

College Undergraduate: \_\_\_\_\_ Date Completed: \_\_\_\_\_

College Graduate: \_\_\_\_\_ Date Completed: \_\_\_\_\_

CASAC Hours: \_\_\_\_\_ # of Hours Dates Completed: \_\_\_\_\_

\*\*\*\*\*

Please list any relevant work experience you have regarding the CASAC credential and the date and locations of that work experience.

OASAS Licensed Agency \_\_\_\_\_ Dates Employed/Volunteered \_\_\_\_\_

Please write a short essay (approximately 200 words) regarding your desire and motivation to complete the 350 Hour CASAC Community Education Program.

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

Please enclose a non-refundable \$25.00 application fee and a copy of your training certificates (if applicable).

Please mail to:  
ACCA  
Community Education Program  
90 McCarty Ave  
Albany, NY 12202  
Phone: (518) 465-5829 Fax:(518) 449-4876  
[www.theacca.net](http://www.theacca.net)

Thank you for your application. You will be notified by mail of the status of your application within 10 business days.