

Latino Behavioral Health Workforce Training Program

APPLICATION

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ADCARE EDUCATIONAL INSTITUTE, Inc.

Addiction and the State of the Workforce

Latinas and Latinos have been disproportionately impacted by substance abuse and addiction and are overrepresented in the national, state, and local data. According to the Substance Abuse and Mental Health Services Administration (SAMHSA) in 2004 there were approximately 22 million people in the United States that met Diagnostic and Statistical Manual (DSM-IV-TR) criteria for alcohol/substance abuse or dependence. In addition, there is a lack of culturally and linguistically competent care, which impacts access and treatment outcomes.

According to SAMHSA (2007) “The substance use disorders treatment workforce is primarily female, older, and White.” Moreover, many are nearing retirement age and their characteristics are frequently different from the predominantly young, male, and minority clientele seeking services. The workforce implications of these statistics are simply staggering. In order to address these issues the Latino Behavioral Health Workforce Training Program seeks to create access for Latino and Latina folks seeking addiction credentials (Licensure and Certification).

The Admission Process

Prospective participant qualifications will be reviewed by the Director of the Latino Behavioral Health Workforce Training Program. The application, letters of recommendation, and personal interview are all considered for admission. All admission materials become the property of the Latino Behavioral Health Workforce Training Program and may not be returned to you or submitted to other parties for any other use. Admission to the Latino Behavioral Health Workforce Training Program is determined without regard to race, ethnicity, gender, sexual orientation, religion, or national origin.

General Instructions

Application to the **Latino Behavioral Health Workforce Training Program** consists of the following:

- Complete and Submit Application
- Attach Two (2) Professional Letters of Recommendation
- Participate in a Personal Interview

Acceptance

After a potential participant submits the application and two (2) letters of recommendation, an appointment will be scheduled with the Program Director. Acceptance decisions are made on an individual basis. As soon as decisions are made, candidates will be notified in writing.

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1. PERSONAL INFORMATION: **Date of Application:** _____

How did you learn about this program? _____

Which Training Site are you applying for? (check one) _____ **Boston** _____ **Springfield**

Name: _____

Home Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **E-mail:** _____

Age: _____ **Gender: Female:** _____ **Male:** _____ **Transgender:** _____

Nationality/Ethnicity (please be specific): _____

What language(s) do you speak? a. Spanish _____ **b. English** _____ **c. Both** _____

Are you in recovery from alcohol and/or drug addiction? a. Yes _____ **or b. No** _____

If you answered YES, please specify uninterrupted length of sobriety: _____

2. EMPLOYMENT INFORMATION:

Agency Name: _____ **Position/Title:** _____

Work Address: _____

City: _____ **State:** _____ **Zip:** _____ **Phone:** _____

Fax: _____ **E-mail:** _____

3. EDUCATION: (Please place check marks where applicable)

a. High School Graduate _____ **b. Completed GED** _____ **or c. Currently Enrolled** _____

d. Completed Under Graduate School _____ **or Currently Enrolled** _____

Major: _____ **Minor:** _____

e. Completed Graduate School _____ **or Currently Enrolled** _____

Major: _____ **Minor:** _____

f. Completed Doctoral School _____ **or Currently Enrolled** _____

Major: _____ **Minor:** _____

4. EMPLOYMENT HISTORY:

a. Are you currently employed? Yes _____ or No _____

b. Please list all positions you have held in the past, including part-time, OR kindly attach a copy of your resume:

Place of Employment	Position	Dates
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____
d. _____	_____	_____
e. _____	_____	_____
f. _____	_____	_____
g. _____	_____	_____
h. _____	_____	_____

5. TRAINING EXPERIENCE:

a. Have you ever received other formal training in addition counseling? a. Yes _____ or b. No _____

If yes, briefly describe training: _____

6. COUNSELING EXPERIENCE: (Check below the type(s) of counseling you have done)

a. No prior counseling _____ b. Individual counseling _____ c. Group counseling _____
d. Couples counseling _____ e. Family counseling _____ f. Other _____

