

Application For Latino Addiction Counselor Education Program (LACE)

APPLICATION REQUIREMENTS:

This application must be accompanied by two (2) letters of reference made out to:

Haner Hernández, Ph.D., CPS, CADCI, LADCI
PO BOX 5501, Springfield, MA 01101
hanerhernandez@aol.com

If you're employed by a Health and Human Service agency, please submit one letter from the Director and one from your Supervisor describing the nature of your work and your role in the agency.

If you are not currently working in the Human Service field, or you are unemployed, please submit two (2) personal letters of reference.

Please attach a copy of your Resume.

Recovering persons should have at least twenty-four (24) months of uninterrupted recovery immediately prior to the date of application.

PLEASE INDICATE WHAT TRAINING SITE YOU ARE APPLYING FOR:

_____ Metro Boston _____ Western Massachusetts

1. PERSONAL INFORMATION:

Date of Application: _____

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 a Substance Use Disorder? 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. CREDENTIALING (License or Certification):

a. Please select the credential that you are seeking:

Certification (CADC) _____ License (LADC) _____ or Both _____

4. EDUCATION BACKGROUND: (Please place your HIGHEST level of education)

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

c. Bachelors: Completed Under Graduate School _____ or Currently Enrolled _____

Major: _____ **Minor:** _____

d. Masters: Completed Graduate School _____ or Currently Enrolled _____

Major: _____ **Minor:** _____

e. Doctorate: Completed Doctoral School _____ or Currently Enrolled _____

Major: _____ **Minor:** _____

5. ADDICTION 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** _____

Please indicate the amount of time you have providing counseling services:

____ **Years**

____ **Months**

