**A close up of a logo

Description automatically generated**

****

**Instructions for Applying to the Addiction Studies Program:**

1. Answer all questions thoroughly.
2. In boxes that need to be checked, double click on the box to select check.
3. Include an updated resume.
4. Only complete applications will be accepted and acknowledged.
5. Fill in the application, print, sign, and scan the application and resume as one document.
6. Title the email ASP Application Spring 2024

**A close up of a logo

Description automatically generated**

1. **Name (last, first, middle):**
2. **Permanent Address:**

**Mailing or Local Address (if different):**

1. **County of Permanent Residence:**
2. **Mobile Phone Number:**       **Other Phone Number:**
3. **92 #:**
4. **Date of Birth:**
5. **Gender:**  **Female**  **Male  Other**  **Prefer not to say**
6. **Ethnicity:**  **Hispanic/Latino**  **Non-Hispanic/Non-Latino**
7. **Race:**  **American Indian or Alaska Native**  **Asian**  **Black or African American**

**Native Hawaiian or Other Pacific Islander**  **White**  **Other**

1. **Catamount Email Address:**

**Personal Email Address:**

1. **Select your program:**

|  |  |  |
| --- | --- | --- |
| **Advanced Standing Program:** | **yes** | **no**  **Full Time**  **Part Time** |
| **Tradition Program:** | **yes** | **no**  **Full Time**  **Part Time** |
|  |  |  |

1. **Will you be pursuing any of the following in addition to the Addiction Studies Program:**

|  |  |  |
| --- | --- | --- |
| **Integrated healthcare?** | **yes** | **no** |
| **Child Welfare Education Collaborative?** | **yes** | **no** |
| **School Social Work Certification?** | **yes** | **no** |
| **Culturally Based Native Health Certificate?** | **yes** | **no** |
| **Clinical Mental Health Counseling?** | **yes** | **no** |
| **School Counseling?** | **yes** | **no** |

1. **Do you reside in a rural area (per census designation; use the HRSA Rural Health Analyzer again-** [**https://data.hrsa.gov/tools/rural-health**](https://data.hrsa.gov/tools/rural-health)**)?**  **yes**  **no**
2. **Are you a first-generation college student (both parents did not graduate from college)?**  **yes** **no**
3. **Are you a member of a federally recognized tribe?**  **yes**  **no**
4. **Are you a veteran?**  **yes**  **no**

**If yes:**  **Active Duty Military**  **Reservist**  **Veteran, Prior Service**  **Veteran, Retired**  **Other**

1. **Specialization Year Field Placement Name:**
2. **Full Address of Placement Site (include the four-digit zip code extension):**
3. **Field Instructor (at placement site) Name:**
4. **WCU Faculty Liaison Name (this in not your field instructor):**
5. **Field Instructor Phone Number:**
6. **Field Instructor Email:**
7. **Who will provide your CCS Supervision:**
8. **Reasons for interest in this placement:**
9. **Explain how this placement meets the requirements of the Addiction Studies Program:**
10. **Professional Social Work or Counseling areas of interest:**
11. **Professional and employment goals:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***I understand and will abide by the requirements of the Addiction Studies Program.***

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:**

**Print Full Name:**

**If you have questions, please contact:**

**Aaron Plantenberg, MSW, LCSW, LCAS, CCS**

Addiction Studies Program Coordinator/Instructor

Western Carolina University

College of Health and Human Sciences - Department of Social Work

3971 Little Savannah Rd, Room 316  
Cullowhee, NC 28723

Phone: 828.227.2703

Fax: 828.227.7708

Email: aplantenberg@wcu.edu