Northeastern ILLINOIS UNIVERSITY

Daniel L. Goodwin College of Education

Department of Counselor Education
5500 North St. Louis Avenue
Chicago, IL 60625-4699
Phone: (773) 442-5550
Fax: (773) 442-55509

Department of Counselor Education
Addiction Counseling Certificate
Application (G908)

Date_____

I. Applicant Information

Name_____
Last First Middle

Mailing Address_____
Street City, State Zip

Home Telephone_____ Mobile Telephone_____

Email Address_____

II. Employment

Current Employment_____

_____
Street City, State Zip

Work Telephone_____Work Email _____

Title/Position_____

III. References

List the two persons who will be completing the letters of recommendation: (e.g., employers, professors, and/or supervisors who are familiar with your scholarship and experience):

Name:	Name:
Title:	Title:
Address:	Address:
Telephone:	Telephone:
Email:	Email:
Relationship:	Relationship:

V. Resume

Attach a resume listing your work and volunteer experiences, beginning with the most recent. Indicate whether the experience was part-time or full-time.

VI. Essay

In order that we may better understand your interest in pursuing the Addiction Counseling Certificate program, please prepare a 2-3 page essay (typed and double-spaced; include your name and date on each page of your essay) in response to the following questions:

1. What stimulated your interest in pursuing a program of study in addiction counseling?
2. What personal and professional qualities do you have that would make you a good candidate for the addiction counseling profession?
3. What are your hopes and concerns about working as a counselor in addiction counseling?

Note: Admission to the non-degree Addiction Counseling Certificate program does not constitute admission to the Department's Clinical Mental Health, Family, Rehabilitation, or School Counseling programs. Students who wish to pursue a master's degree in one of the above counseling programs must make formal application to Graduate Admissions and Records. Students-at-large can enroll only in courses for which they have been authorized by this Department.

The Department of Counselor Education expressly reserves the right to consider candidates for admission based on criteria in addition to the admission application. Specifically, the Department of Counselor Education may deny a student admission based on information that indicates the student lacks professional judgment or has exhibited behavior that calls into question the student's suitability for the school counseling profession. Any student denied admission to the Department of Counselor Education may request review of the determination and will be afforded an opportunity to respond to the information upon which the decision is made.

Please direct any questions regarding your application to Counselor Education, 773-442-5550 or counsedu@neiu.edu.

Submit all application materials to: Graduate Admissions and Records, Northeastern Illinois University, 5500 N. St. Louis Avenue, Chicago, Illinois 60625. Email address as graduateadmissions@neiu.edu.

Applicant Signature_____ Date_____

Rev7/17/19