Advanced Certificate in Addiction Treatment & Prevention Services

Application for admission		Date Submitted:	
Name:		Last	Previous name(s)
Mailing Address:			
Email Address:			
Primary Phone:		Additional Phone: _	
Undergraduate Degree:			
College or University:			
Graduate Degree:			
College or University:			
Please check your reason for pur Prevention Services:	rsuing CASAT's A	dvanced Certificate in	Addiction Treatment and
☐ Dual Licensure with MFT/M	SW/PSY/CPC		
☐ LADC licensure specifically			
☐ Preperation for pursuing ma	aster's degree		
☐ Personal interest/knowledg	e		
In order to process your application, pl	ease include the follo	owing:	

Mail to:

• Resume or Vita

CASAT at UNR 1664 N. Virginia St. MS# 0279 Reno, NV 89557 Attn: Terra Hamblin (775) 784 - 6265 **Deliver to:**

CASAT Office National Judicial College (NJC) # 109 Attn: Terra Hamblin **Email to:**

Terra Hamblin thamblin@casat.org

