## **Advanced Certificate in Addiction Treatment & Prevention Services**

Application for admission		Date Submitted:	
Name:	MI	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 p Prevention Services:	oursuing CASAT's A	Advanced Certificate in	n Addiction Treatment and
Dual Licensure with MFT/	MSW/PSY/CPC		
LADC licensure specificall	у		
$\Box$ Preperation for pursuing i	master's degree		
Personal interest/knowled	dge		
In order to process your application	place include the fell	lowing	

## In order to process your application, please include the following:

Resume or Vita

Mail to:

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

CASAT Office National Judicial College (NJC) # 109 Attn: Dr. Meri Shadley



casat.org/academic

Email to:

Dr. Meri Shadley mshadley@casat.org