**Certificate in Clinical Alcohol and Drug Abuse Counseling Studies (CCADACS)**

**MSW Student Statement of Interest**

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Email(s): (include ETSU and personal emails):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Current Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_\_\_\_\_ zip code:\_\_\_\_\_\_\_\_\_\_\_\_\_

Work phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What is your current ETSU enrollment status? Fulltime Part-time Advanced Standing
2. What year are you in the MSW degree program? Foundation \_\_ Concentration\_\_

Which ETSU campus? Main \_\_ Kingsport \_\_ Abington \_\_ Asheville \_\_

Sevierville \_\_FPS\_\_

Expected graduation date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you plan to pursue licensure or certification as an addictions counselor? Yes\_\_ If yes, what state will you pursue licensure/certification? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No \_\_\_Has your field placement been identified? Yes \_\_\_\_No\_\_\_\_

If yes, please include the names of the agency and supervisor(s) here.

What credentials does your field supervisor hold, if known? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If your field internship has not been identified, what agencies are you considering?

1. Have you had previous work experience in the SUD/addictions field? Yes\_\_\_\_ No\_\_\_\_

If yes, please include agency, position, and date here.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have you had previous course work in SUD/addiction? Yes \_\_\_ No \_\_\_

If yes, please include relevant course information.

SOWK 5367 Seminar in Alcohol and Other Drugs: Yes \_\_\_\_ What semester? \_\_\_\_\_\_\_\_\_\_\_

Other SUD/addiction specific course work:

CCADACS students will complete their concentration year field placement in a substance use disorder (SUD), co-occurring disorder, or integrated care treatment/prevention setting under the supervision of a CCADACS approved supervisor. A minimum of 600 contact hours must be completed. Priority for field placements in SUD/addiction settings will be given to CCADACS MSW students in their concentration year.

By inserting my name below, I affirm that the information in this statement is true and accurate.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STUDENTS MUST ALSO COMPLETE THE SCHOOL OF GRADUATE STUDIES CERTIFICATE APPLICATION PROCESS.**

**[Click here to apply](https://www.etsu.edu/gradstud/applynow.php)**

**[Click here for more information on the CCADACS](https://www.etsu.edu/crhs/socialwork/ccadacs.php)**

The ETSU CCADACS and state licensing are two distinct processes. Please be sure to review your state's licensing/certification board requirements.

For MSW students, the application is not complete until ***both***the CCADACS graduate application and the MSW CCADACS Statement of Interest are complete.

**Email or drop off this Statement of Interest form to:**

Dottie Saxon Greene PhD, LCSW, LCAS, LADAC II, MAC, CCS, QCS

East Tennessee State University

Department of Social Work

CCADACS Coordinator

Lyle House, Room 102

[greeneds@etsu.edu](mailto:greeneds@etsu.edu)

(423) 439-6569