

SUBSTANCE USE DISORDER ASSESSMENT AND TREATMENT CERTIFICATE PROGRAM Fall 2019 Application

Thank you for applying to the Substance Use Disorder Assessment and Treatment Certificate Program. The University of Maryland, School of Social Work is committed to lifelong learning. As you complete the application, be certain that you understand the requirements. <u>The \$50</u> application fee is non-refundable and the application deadline is Friday, July 26, 2019.

Perso	onal:
Name	
Email	ŧ
Phone	:
Please	submit the following:
	Resume/CV
	Copy of Professional License (if applicable)
	Personal Statement (Please describe your current position and briefly indicate why you
	would like to be selected and how you think the certificate program will strengthen your
	work with clients. If you are not currently licensed or practicing, briefly describe why
	you are interested in the program and how you feel the program will strengthen your
	professional capacity).

Class Dates and Times

Failure to attend the appropriate number of classes will result in a participant being dismissed from the Certificate program. Participants are allowed to miss <u>one</u> class throughout the program. Any missed class time will result in a reduction of CEUs.

Sessions will be held on a Friday/Saturday schedule (consecutively) from 9:00 a.m. to 4:30 p.m. p.m. at the Baltimore campus;

Session dates are:

- Friday-Saturday, September 13-14, 2019
- Friday-Saturday, October 4-5, 2019
- Friday-Saturday, October 25-26, 2019
- Friday-Saturday, November 15-16, 2019

Payment Cost and Schedule: \$1,300.00

Applicants can choose to pay for the entire program or enter our complimentary three-payment schedule below. First payment is non-refundable and no refunds will we awarded after the second session. **Total cost of the program is \$1,300.**

Payment Due Date	Payment
Payment One: August 16, 2019	\$550 Non-refundable
Payment Two: Sept 13, 2019	\$375
Payment Three: October 11, 2019	\$375

<u>Please do not submit checks</u>, make payments online or

Phone Payments: 410.706.5040

I do hereby affirm that all statements made herewith are true and correct to the best of my knowledge and belief. By signing this form, I am stating that I understand and will adhere to the standards outlined.

Signature	Print	Date	

Please mail your completed application package to:

University of Maryland, School of Social Work Office of Continuing Professional Education 525 W. Redwood St, Rm 2E16 Baltimore, Maryland 21201

For questions, contact us at <u>cpe@ssw.umaryland.edu</u> or 410-706-1839.