ASSOCIATE OF SCIENCE AND CERTIFICATE PROGRAM IN
ALCOHOL AND DRUG ABUSE COUNSELING

I, _______________________________________________________________, have applied for

Students name & I.D. #

Admission to the Associate of Arts/Certificate in Alcohol and Drug Abuse Counseling (ADC) program at National University. As a condition of my admission into the program, I acknowledge and agree to the following:

1. The ADC curriculum is designed to meet the academic requirements prescribed by the California Association of Alcoholism & Drug Abuse Counselors (CAADC) for Certified Alcohol & Drug Counselor Associate. The ADC curriculum may also meet the academic requirements for other certification boards. Students outside of California should check with the board where they intend to seek certification. Additional requirements, including passing a written exam, are typically required by most certification boards.

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2. I understand that my eligibility for certification is dependent upon compliance with the laws and regulations of the certification board in effect at the time my certification application is accepted. I acknowledge that the applicable certification statute and regulations issued by the certification board are available on the Board’s website. I understand and acknowledge that it is my responsibility to become familiar with the educational and other requirements for certification as an Alcohol and Drug Abuse Counselor where I intend to apply. I further understand that such laws and regulations are subject to change and that the Board may impose more stringent requirements by the time I apply for certification.

___________________________ (Initials)

3. I have been provided with a copy of the National University general catalog under which I am enrolled. I understand that I am subject to the policies and procedures stated in the most current version of the University’s General Catalog and to the academic requirements stated in the Catalog under which I am enrolled.

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4. I understand that to obtain an Associates degree or Certificate in Alcohol and Drug Abuse Counseling, I must complete all courses of the ADC specialization track.
   • ADC 205 – 275 are offered only online. ADC 285: Practicum in Substance Abuse Counseling, is offered both online and on-site.
   • Students seeking certification in California are advised that they must attend ADC 285 on-site. This course will meet 1-2 Saturdays per month during the 7-month course.
   • Students seeking certification outside of California can take ADC 285 online. Students are responsible for checking with their certification board to ensure all courses meet academic and practicum supervision requirements.

A member of National University’s faculty or staff has explained the academic requirements of the ADC program to me and I have had the opportunity to ask any questions I may have had regarding those requirements.

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5. National University will assist me in obtaining a practicum site that satisfies certification board and ADC program requirements. However, I understand that it is not possible for the University to do anything other than assist me in that endeavor. The University cannot guarantee me a practicum placement.

(Initials)

6. I understand that, in the course of satisfying the practicum requirement, it is possible that I may incur professional liability. National University does not provide insurance for such liability and will not otherwise indemnify me. I understand that prior to beginning any counseling practicum experience, I am required to obtain professional liability insurance in the amount of $1,000,000 per occurrence.

(Initials)

7. I acknowledge that I am obligated to provide a complete and accurate application to the certification board. I hereby authorize National University to release to the certification board any pertinent information pertaining to licensing requirements.

(Initials)

8. Certification boards have given educational institutions the responsibility to ensure that their graduates demonstrate personal characteristics and interpersonal skills appropriate to the practice of Alcohol and Drug Abuse Counseling. Supervisors, agency directors and the certification boards strongly request that students are screened for suspected or demonstrable psychopathology, severe emotional immaturity or questionable ethics, and that these students are not sent to practicum sites. National University has an interest in preserving its reputation for maintaining high professional standards in the ADC program and in ensuring that it is administered accordingly. I understand that I will be evaluated as suitable for the ADC program and as a certified Alcohol and Drug Abuse Counselor based upon my overall academic performance, specific skills and aptitudes for the profession. If my grades are poor, I will meet with a designated faculty member of the Psychology Department in my region to review my performance. The result of this meeting will be one of the following:

(1) I will receive a remediation plan and be permitted to continue with my coursework; (2) I will receive a remediation plan and will not be permitted to continue with my coursework until the plan is completed; or (3) my participation in the ADC program will be terminated. Any determination that results in suspension or termination of my coursework will be further reviewed by two full-time faculty members of the Psychology Department other than the faculty member who made the initial review.

(Initials)

9. In addition to the above, I understand that the Psychology Department may recommend my suspension or termination from the ADC program if they have determined that: (1) I have engaged in unethical or unprofessional conduct, including, but not limited to, making false or misleading statements to the University in my application, during the enrollment process, or in submitting any other personal information to the University; or committing acts of academic dishonesty during my participation in the ADC program; (2) I have committed any acts or engaged in any conduct that constitutes grounds for denial or revocation of a substance abuse counselor certification, including, but not limited to, being convicted of or pleading guilty to a crime which is substantially related to the qualifications, functions or duties of a person holding a substance abuse counselor certification (i.e., concerning the public health, safety or welfare); (3) I suffer from emotional, psychological or personal problems, which pose an appreciable risk that I may do harm to others or myself either during my participation in the ADC program or upon becoming a certified substance abuse counselor, or I have suffered in the past from such emotional, psychological or personal problems and stand a substantial likelihood of suffering a reoccurrence of such problems; or (4) I suffer from emotional, psychological, or personal problems which
otherwise render me unsuitable for further training and participation in the ADC program.

(Initials)

10. At any time during my participation in the ADC program, if an academic, personal, or professional deficiency or problem has been identified, a designated faculty member of the Psychology Department in my region may develop a remediation plan for me. I will then be given the opportunity to address and correct the particular deficiency(ies) or problem(s) identified in the remediation plan. If I fail to correct the deficiency or problem within the time prescribed by the remediation plan, my participation in the ADC program may be suspended or terminated. I understand that I am responsible for any additional fees or expenses that may be associated with a remediation plan.

(Initials)

11. If, at any time during my participation in the ADC program, the Psychology Department determines that I should be suspended or terminated, the Psychology Department shall make a recommendation to the Dean of the College of Letters and Sciences who will notify me of any decision to suspend or terminate me from the ADC program. I understand that I may appeal any such decision according to the procedures stated in the University’s General Catalog.

I have read, understand, and agree to all of the above:

________________________________________  __________________________________________  ______________
Student’s Signature                             Print Student’s Name                          Date Signed

________________________________________  __________________________________________  ______________
Signature of NU staff member                    Print Name                                Date Signed