



Certificate in Addictions Counseling Application

Application Requirements: Completed form below, \$100 non-refundable Application Fee, One-page statement of interest, 3 letters of Recommendation with signed waiver forms (At least one recommendation should be academic and the others should be from professional sources), and all official College/University Transcripts.

Please mail application materials to: **BGSP, 1581 Beacon Street, Brookline, MA 02446**

_____, _____
(Last Name) (First Name) (Middle Initial)

Male Female

(Date of Birth: mm/dd/yyyy)

_____, _____, _____, _____
(Street Address) (City/Town) (State) (Zip Code)

_____, _____
(Day Phone) (Evening Phone)

_____, _____
(Cell Phone) (Fax Number)

(E-mail Address)

_____, _____, _____
(Name of Undergraduate School) (Degree) (Date)

_____, _____, _____
(Name of Graduate School) (Degree) (Date)

(Other Learning Experience)

(Current Employment)

(How did you learn about BGSP?)

Signature: _____ Date: _____



Letter of Reference

I hereby waive my rights to access this document under the Family Educational Rights and Privacy Act of 1974 (FERPA). YES NO (Student checks one)

Checking yes signifies that you waive your right to view the reference at any time.

Checking no indicates that you may review the reference.

Give this form to the person who is writing your reference and ask them to send it with your reference.

APPLICANT SIGNATURE: _____

DATE: ____ / ____ / ____
MO. DAY YEAR

LAST NAME: _____

FIRST NAME: _____

MIDDLE INITIAL: _____

REFERENCE NAME (PLEASE PRINT): _____

REFERENCE SIGNATURE: _____

DATE: ____ / ____ / ____
MO. DAY YEAR

We prefer reference letters which are typed on official letterhead stationery. When this is not possible, reference letters received that are not on official letterhead stationery will be followed up with a phone call.



Letter of Reference

I hereby waive my rights to access this document under the Family Educational Rights and Privacy Act of 1974 (FERPA). YES NO (Student checks one)

Checking yes signifies that you waive your right to view the reference at any time.

Checking no indicates that you may review the reference.

Give this form to the person who is writing your reference and ask them to send it with your reference.

APPLICANT SIGNATURE: _____

DATE: ____ / ____ / ____
MO. DAY YEAR

LAST NAME: _____

FIRST NAME: _____

MIDDLE INITIAL: _____

REFERENCE NAME (PLEASE PRINT): _____

REFERENCE SIGNATURE: _____

DATE: ____ / ____ / ____
MO. DAY YEAR

We prefer reference letters which are typed on official letterhead stationery. When this is not possible, reference letters received that are not on official letterhead stationery will be followed up with a phone call.



Letter of Reference

I hereby waive my rights to access this document under the Family Educational Rights and Privacy Act of 1974 (FERPA). YES NO (Student checks one)

Checking yes signifies that you waive your right to view the reference at any time.

Checking no indicates that you may review the reference.

Give this form to the person who is writing your reference and ask them to send it with your reference.

APPLICANT SIGNATURE: _____

DATE: ____ / ____ / ____
MO. DAY YEAR

LAST NAME: _____

FIRST NAME: _____

MIDDLE INITIAL: _____

REFERENCE NAME (PLEASE PRINT): _____

REFERENCE SIGNATURE: _____

DATE: ____ / ____ / ____
MO. DAY YEAR

We prefer reference letters which are typed on official letterhead stationery. When this is not possible, reference letters received that are not on official letterhead stationery will be followed up with a phone call.