



North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities and Substance Abuse Services
 3008 Mail Service Center • Raleigh, North Carolina 27699-3008
 Tel 919-733-0566 • Fax 919-733-4665

Alcohol and Drug Education Traffic School (ADETS) Certification Application

Application Date:

DIRECTIONS:

Submission of the Alcohol and Drug Education Traffic School (ADETS) Certification Application can only be completed after all other certification requirements have been met. Please refer to the Requirements For ADETS Instructor Certification Worksheet for a current listing of the requirements. Completed forms and supporting documentation must be submitted to the following address:

NC TASC Training Institute
 Coastal Horizons Center, Inc.
 609 Shipyard Blvd., #102
 Wilmington, NC 28412
 Attn: ADETS Instructor Application Review
 910-202-5500

Section I. General Information

- | | |
|---|---|
| 1. Name: | 1a. Social Security Number: |
| 2a. Phone Number: | 2b. Fax Number: |
| 4. E-mail Address: | |
| 5. Position/Job title: | |
| 6a. Highest Education Level Achieved: | 6b. Type of Degree Received (e.g., BA, MS): |
| 7. Please List ALL Relevant Certifications (e.g., CSAC) _____ | |
| 8. Have you been convicted of an offense, other than a minor traffic violation within the past 7 years?
<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain fully on an additional sheet. | |

Section II. Program/ Applicant Information

- | | |
|-------------------------------------|---|
| 1. DWI Program/Facility Name: _____ | no affiliation <input type="checkbox"/> |
| 2. Main Office Phone Number: _____ | 4. Applicant's Phone Number: _____ |
| 3. Address of worksite: | 5. Applicant's Address: |
| Street: _____ | Street: _____ |
| City: _____ | City: _____ |
| Zip Code: _____ | Zip Code: _____ |

Section III. Verification of Certification Requirements- Please read all sections carefully. Exclusion of information or attachments will result in the DENIAL of your application.

1. Student Practicum:

Have you taught at least 10 hours of ADETS classes in the presence of and under the direct supervision of a certified ADETS Instructor? YES NO

The Supervisor Attestation for Student Practicum worksheet should be mailed separately, by the Practicum Supervisor.

2. Pre-Certification Training:

Have you attended one of the State of North Carolina DWI Office sponsored ADETS Instructor Trainings? YES NO

Attachment 1: Please provide proof of your attendance at an ADETS Certification Training by enclosing a copy of your Training Completion Certificate. Completion of training must occur within 2 years of your application.

3. Training and Experience Required:

Description: Bachelor’s degree in a human services field with substance abuse course work and a practice or internship in a substance abuse program; OR (2) graduation from a four year college or university and one year experience in a substance abuse field; OR (3) graduation from high school or equivalent and three years experience in a substance abuse field, two of which must have been at the level of a substance abuse worker; OR (4) an equivalent combination of training and experience.

A. WORK EXPERIENCE: Professional Experience

DIRECTIONS:

Rather than request a “complete work history”, we ask that you list present employment first: then, from past employment select only those positions that satisfy the criteria outlined in the above Training and Experience Description.

**Please attach your resume to the application.*

EMPLOYMENT DATES FROM----- TO	EMPLOYER Name & Address	IMMEDIATE SUPERVISOR	YOUR TITLE	DUTIES (Briefly Describe)

B. SCHOOLS ONLY: Training Record

DIRECTIONS:

List below specific course work you feel has prepared you for becoming a Certified ADETS Instructor. Include any school courses, seminars, workshops, conferences, or other training courses that were especially relevant in preparing you for this. Please list **ONLY RELEVANT** courses, but be sure to give **COMPLETE** and **MEANINGFUL** information so your training can be fairly evaluated. (Continue on additional sheet if needed and attach).

***A copy of Degree, Diploma, GED Certificate or transcript showing attainment of highest grade completed is REQUIRED to be submitted with your application.**

RELEVANT COURSE TITLE	SCHOOL Name & Location	COURSE LENGTH	GRADE	COURSE CONTENT (Be Specific)

Attachment 3: Please provide documentation to support the above outlined training and experience options. Acceptable documentation is as follows:

- Resume
- Diploma
- Transcript with applicable coursework, internships or practica listed
- Proof of any **certifications** you hold (section I. item 7 above).

4. References

Supervisor Attestation of Substance Abuse Experience worksheet should be mailed separately by the Supervisor. The supervisor you choose for references must be familiar with your knowledge, skills, and abilities in the substance abuse field or as a substance abuse worker.

Section IV. Signatures and Attestation

All applicants

I do hereby attest that information contained in this application is true and accurate.

Signature of applicant: _____ Date: _____

All uncertified individuals:

I certify that I have read, understand, and agree to abide by the Ethical Standards of the North Carolina Substance Abuse Professional Practice Board (NCSAPPB). I also understand that violation of these standards may result in a revocation of my certification.

Signature of applicant: _____ Date: _____

All certified individuals:

I agree to abide by the Code of Ethics adopted by the North Carolina Substance Abuse Professional Practice Board.

Any alleged violation of this Code may result in an investigation and final action by the Board and the Division of Mental Health, Developmental Disabilities and Substance Abuse Services concluding with the denial of all certifications including but not limited to ADETS Instructor Certification..

Signature of applicant: _____ Date: _____