



The Addictions Care Center of Albany, Inc.

350 Hour CASAC Community Education Program Application

Name: _____ Date: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone #: _____ Evening #: _____

Cell #: _____ E mail: _____

Date you can begin classes: _____

* Classes are currently held 5:00 – 9:00pm, Tuesday and Thursday evenings

Education Completed To Date: Please list High School, GED, Undergraduate and Graduate College/University, # of CASAC hours completed (if any) and the dates each were completed.

GED: _____ Date Completed: _____

High School: _____ Date Completed: _____

College Undergraduate: _____ Date Completed: _____

College Graduate: _____ Date Completed: _____

CASAC Hours: _____ # of Hours Dates Completed: _____

Please list any relevant work experience you have regarding the CASAC credential and the date and locations of that work experience.

OASAS Licensed Agency Dates Employed/Volunteered

