

**REGISTRATION FORM
FOR ADMISSION
TO
ALCOHOL AND DRUG COUNSELOR CERTIFICATE PROGRAM**

Please fill out all the information on this registration form and mail to:
Los Angeles Training Institute for Alcohol & Drug Counseling
P.O. BOX 5093
Carson, CA 90749.

We will contact you as soon as possible.

Date: _____

I. Personal Information

- a. Name - (full legal name for Certificate): _____
- b. Address: _____
- c. Phone number: _____
- d. Date of Birth: _____
- e. Social Security number: _____
- f. E-mail: _____

II. Employed? Yes No

- a. Organization: _____
- b. Title: _____
- c. Business Phone #: _____
- d. Business Address: _____
- e. Can you receive calls at work? Yes No
- f. Business hours/days: _____

III. Educational Information

- a. Are you a high school graduate? Yes No
- b. If no, do you have a G. E. D.? Yes No
- c. High School Attended: _____
- d. Highest Degree Earned: _____

IV. Emergency Information:

- a. Name of Person to Contact: _____
- b. Phone Number of Person to Contact: _____
- c. Relationship to You: _____

Continue on next page...

