

# The RADACT Program

3901 Old Seward Highway Ste 8 Anchorage, AK 99503 Phone (907) 563-9202 Fax (907) 562-7948 www.radact.com

## RE: FY'17 ADDICTION AND BEHAVIORAL HEALTH COUNSELOR TRAINING ACADEMY

Dear Counselors and Program Managers:

The Regional Alcohol and Drug Abuse Counselor Training (RADACT) Program is sponsoring a three-week training academy from Monday, March 6, 2017, through graduation Thursday evening, March 23, 2017, at the **RADACT Office**, 3901 Old Seward Hwy., Suite 8. Classes will begin at 8:00 A.M. on Monday, March 6, 2017.

Completion of the academy will provide 112 training hours toward Counselor Technician or Behavioral Health Counselor certification through the Alaska Commission for Behavioral Health Certification (ACBHC). For certification fees and additional information about certification requirements, contact ACBHC at 907-332-4333. Certification costs are not included in the academy fee.

There is a \$1,145.00 non-refundable fee per trainee. The fee will cover a continental breakfast, lunch, tuition, textbooks, training manual, and miscellaneous student supplies such as pens, notepads, highlighters, etc. for 14 days.

If you need hotel accommodations, we have made arrangements with "MY PLACE" Hotel for a discounted rate. Please call RADACT to make arrangements.

This three week training academy will be an intensive learning experience, with classroom days from 8:30 A.M. to 5:00 P.M., Monday through Friday. Because RADACT will contract for lunches Monday through Friday, there will be no reimbursement for trainees who decide to eat away from the facility.

If you need financial assistance, you can contact directly one of the **State of Alaska Job Centers** nearest to you. Google: Alaska Job Center. Under Alaska Job Center network click on workplace Center. You can then find the Alaska Job Center nearest to you.

All students applying to the academy will receive a letter acknowledging receipt of their Application. If you do not hear from us do **not** assume we have received your registration.

A place will not be reserved for you in the academy *until all funds have been received* by **RADACT.** Students with properly completed applications, and full payment included, will be accepted on a first come, first served basis.

PAYMENT IN FULL MUST BE RECEIVED BY FEBRUARY 24, 2017 AT RADACT OFFICE

#### "MY PLACE" HOTEL



PLEASE CALL RADACT TO GET DISCOUNT CODE

CALL "MY PLACE" TO MAKE RESERVATIONS

TRANSPORTATION COSTS ARE NOT INCLUDED IN THE ACADEMY FEE.

If any have any further questions regarding the academy, or you have not received a letter confirming your registration, please contact Virginia Zutz at the RADACT office, 907-563-9202, between 8:00 A.M. until 5:00 P.M., Monday through Friday.

Sincerely,

Janet M. Carter, M.Ed.

Executive Director/ Trainer

### THE RADACT PROGRAM

#### THREE WEEK ACADEMY

MARCH 6, 2017 - MARCH 23, 2017

#### RADACT

3901 OLD SEWARD HIGHWAY SUITE 8 ANCHORAGE, AK 99503 Tel: 907-563-9202 Fax: 562-7948

#### REGISTRATION FORM COUNSELOR TECHNICIAN/BEHAVIORAL HEALTH COUNSELOR

Name:			
Address:	(city)	(state)	<b>(</b> Zip)
Phone #'s (home)		_(work)	
(E-mail)			
Agency of Employment:			
Agency of Employment Address	:		
Position at Agency:			
Length of time employed with A	gency:		
Total number of years employed			
Total number of counselor training school, etcetera):	-	-	e, annual
Have you enclosed your paymer	nt for the training with	your application?	Yes No No
Cost: \$1,145.00			
Do you require housing? NO	YES (Plea	se contact Radact for	discounted rate)
If you did not enclose your pa that identifies the person or a this application. Applications until the information is rec CONTAINED IN THIS APPLICA	gency that is financ submitted without t eived. I ALSO TES	ially responsible on this information CAN	the second page of NNOT be processed
	Signed:		_
		int):	

#### APPLICANT'S COMMITMENT OF ATTENDANCE

I	, agree to attend the entire three week training
	eld in Anchorage from March 6, 2017 through March 23, 2017. I also understand that there rement of any funds for non-completion.
	Signed:
	Name (please print)
	Date:
SUP	ERVISOR'S WORK RELEASE FOR APPLICANT
I, promise to release weeks, from Marc three week RAD, non-completion.	from their employment responsibilities for three ch 6, 2017 through graduation on March 23, 2017, in order that he/she may attend the entire ACT training academy. I understand that there will be no reimbursement of any funds for
	Signed-Supervisor/Director
	Name (please print)
	Date:
	FINANCIAL DETAILS
March 23, 2017.	gram/individual is financially responsible for tuition for the Academy, March 6, 2017 through The program/individual understands that FULL PAYMENT MUST BE RECEIVED before ince, and that there will be no reimbursement of any funds for non-completion.
	Agency/Name:
	Contact:
	Address:
	Phone:Date:

Please contact the RADACT office if you have any questions before signing this agreement.

REGISTRATION WILL BE CLOSED WHEN THE ACADEMY IS FULL

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