



The RADACT Program

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

RE: MARCH 2020 CHEMICAL DEPENDENCY 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 9, 2020, through graduation Thursday evening March 26, 2020, at the Crowne Plaza Midtown, Anchorage.

Completion of the academy will provide 112 training hours toward Counselor Technician or 112 hours toward upgrading from Counselor Technician to Level One for either Behavioral Health or Chemical Dependency certification through the Alaska Commission for (ACBHC). For certification fees and additional information about certification requirements, contact ACBHC at 907-332-4333.

There is a \$2,900.00 non-refundable fee per trainee for overnight students. The fee will cover housing for nineteen (19) nights. Breakfast, lunch and dinner for fourteen (14) days will be provided, and breakfast only on Saturdays and Sundays. The fee will also cover tuition, textbooks, training manual, and miscellaneous student supplies such as pens, notepads, highlighters, etc. **Lunch and Dinner will not be provided on Saturday and Sunday.**

Each trainee will share a non-smoking suite with one other student. Each suite has two beds, with a microwave and a small refrigerator. **Single rooms are available at an additional cost.** A pool, whirlpool and fitness center are located on the first floor.

Limited scholarships are available, please complete the attached scholarship application form. **Transportation to and from the academy, certification fees, or lunch and dinner on Saturday's and Sunday's will not be a part of the scholarship award.** Scholarship applications and letter **must be received by RADACT no later than 4:00 pm on Friday, February 7, 2020. Scholarship awards will cover a shared room only. Single rooms are available at an additional cost to recipient. Submitting an application does NOT guarantee a scholarship award.**

Academy cost for students not requiring housing is **\$1,300.00**. This will include tuition for fourteen (14) days, lunch, textbooks, training manuals, and all necessary supplies.

This three week training academy will be an intensive learning experience, with classroom days from 8:30 am to 5:00 pm, Monday through Friday. Students are asked to stay at the training facility during the day, and will have lunch together Monday through Friday. Because RADACT will contract for meals 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 28, 2019 AT RADACT OFFICE

DO NOT CALL THE CROWNE PLAZA-ANCHORAGE TO MAKE ROOM RESERVATIONS.

ALL RESERVATIONS WILL BE ARRANGED BY RADACT STAFF.

REMEMBER: A ROOM WILL NOT BE RESERVED FOR YOU UNTIL WE RECEIVE FULL PAYMENT

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 receipt of your registration, please contact Virginia Zutz at the RADACT office, 1-907-563-9202, between 8:00 am until 4:00 pm, Monday through Friday.

Sincerely,



Janet M. Carter, M.Ed.
Executive Director

THE RADACT PROGRAM
THREE WEEK WINTER ACADEMY
MARCH 9, 2020 THROUGH MARCH 26, 2020

RADACT
3901 OLD SEWARD HIGHWAY SUITE 8 ANCHORAGE, AK 99503
TEL: 907-563-9202 FAX: 562-7948

REGISTRATION FORM
COUNSELOR TECHNICIAN / LEVEL ONE

Name : _____

Address: _____ (city) _____ (state) _____ (Zip) _____

Phone #'s (home) _____ (work) _____

(E-mail) _____

Agency of Employment: _____

Agency of Employment Address: _____

Position at Agency: _____

Length of time employed with Agency: _____

Total number of years employed in the addictions/behavioral health field: _____

Total number of counselor training hours (Through regional trainers, college, annual school, etcetera): _____

What level will you be attending? Counselor Technician (entry level) Level One

Do you require housing? Yes (\$2,900.00) No (\$1,300.00)

Have you enclosed your payment for the training with your application? Yes No

If you did not enclose your payment with your application you must complete the section that identifies the person or agency that is financially responsible on the second page of this application. Applications submitted without this information CANNOT be processed until the information is received. I ALSO TESTIFY THAT ALL THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE.

Signed: _____

Name (Please Print): _____

Date: _____

APPLICANT'S COMMITMENT OF ATTENDANCE

I _____, agree to attend the entire three week training academy to be held in Anchorage from March 9, 2020 through March 26, 2020. I also understand that there will be no reimbursement of fees for any portion of the academy not completed.

Signed: _____

Name (please print) _____

Date: _____

SUPERVISOR'S WORK RELEASE FOR APPLICANT

I, _____, promise to release _____ from their employment responsibilities for three weeks, from March 9, 2020 through graduation on March 26, 2020, in order that he/she may attend the entire three week RADACT training academy. I understand that there will be no reimbursement of any funds for non-completion.

Signed-Supervisor/Director _____

Name (please print) _____

Date: _____

FINANCIAL DETAILS

The following program/individual is financially responsible for tuition to attend the March 9, 2020 through March 26, 2020 session of the Addictions & Behavioral Health Counselor Training Academy. The program/individual understands that FULL PAYMENT MUST BE RECEIVED by 4:00 pm, Friday, February 28, 2020, and that there will be no reimbursement of any funds for non-completion.

Agency/Name: _____

Contact: _____

Address: _____

Phone: _____ Date: _____

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

REGISTRATION WILL BE CLOSED WHEN THE ACADEMY IS FULL

THE RADACT PROGRAM
THREE WEEK WINTER ACADEMY
MARCH 9, 2020 THROUGH MARCH 26, 2020

RADACT
3901 OLD SEWARD HIGHWAY STE #8, ANCHORAGE, AK 99503
TEL: 907-563-9202 FAX: 562-7948

SCHOLARSHIP APPLICATION FORM ONLY
SCHOLARSHIP APPLICATIONS MUST BE RECEIVED
BY 4 PM, FRIDAY, FEBRUARY 7, 2020
COUNSELOR TECHNICIAN / LEVEL ONE

Name : _____
Address: _____ (City) _____ (State) _____ (ZIP)
Phone #'s (home) _____ (work) _____
(E-mail) _____
Agency of Employment: _____
Agency of Employment Address: _____

Position at Agency: _____
Length of time employed with Agency: _____
Total number of years employed in the addiction/behavioral health field: _____
Total number of counselor training hours (Through regional trainers, college, Annual School, etcetera): _____

What level will you be attending? Counselor Technician (entry level) Level One

Are you a veteran YES NO N/A

I TESTIFY THAT ALL THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE. I ALSO UNDERSTAND THAT RADACT MUST RECEIVE THIS APPLICATION AT THEIR ANCHORAGE OFFICE BY 4 PM, FRIDAY, FEBRUARY 7, 2020 TO BE CONSIDERED FOR A SCHOLARSHIP. SCHOLARSHIPS ARE AVAILABLE FROM DBH AND DOL (APPLICATION MAY BE FAXED TO RADACT @ 907-562-7948.)

Signed: _____
Name (Please Print): _____
Date: _____

SCHOLARSHIP APPLICATION

APPLICATION DEADLINE FEBRUARY 7, 2020

I, _____, agree to attend the entire three-week training academy to be held in Anchorage from March 9, 2020 through March 26, 2020. I also understand that I will be required to reimburse the RADACT for any portion of the academy not completed.

Applicant's Signature: _____

Name (Please print): _____ (Date) _____

****Important** Applicant must submit a one page letter with this application describing how receiving the scholarship will assist in thier educational and employment goals.**

Scholarship Applications will not be processed without the letter.

SUPERVISOR'S WORK RELEASE FOR APPLICANT

I, _____, promise to release _____ from their employment responsibilities for three weeks, from March 9, 2020 through March 26, 2020 so that they may attend the entire three week RADACT training academy. Please contact the RADACT office if you have any questions before signing this agreement.

Supervisor's / Director's Signature: _____

Name (Please print): _____ (Date) _____

Address: _____ (City) _____ (State) _____ (Zip) _____

Phone: _____



Scholarships from The Department of Labor workforce training opportunity are funded 100% by a grant awarded by the US Department of Labor, Employment and Training Administration.

The Department of Behavioral Health also is funding scholarship opportunities