



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 2024 CHEMICAL DEPENDENCY COUNSELOR TECHNICIAN TRAINING ACADEMY

Dear Counselors and Program Managers:

The Regional Alcohol and Drug Abuse Counselor Training (RADACT) Program is sponsoring a 12-day Counselor Technician training academy from Monday, March 11, 2024, through graduation Friday March 22, 2024, at the RADACT Office, 3901 Old Seward Hwy Ste 8, Anchorage, Alaska. In person classes will begin at 8:00 a.m. Monday, March 11, 2024.

Completion of the academy will provide 96 training hours toward Counselor Technician 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.

There is a \$1,400.00 non-refundable fee per trainee. The fee will cover breakfast, lunch, tuition, textbooks, training manual, and miscellaneous student supplies such as pens, notepads, highlighters, etc. for 10 days. The fee will also cover two days of the training (Documentation, Ethics, and Confidentiality) via Zoom during the week of March 4, 2024. This is to save on hotel fees for a second weekend. No evening meals will be provided, and no meals will be provided on Saturday and Sunday. These meals will be the responsibility of the attendee.

If you need hotel accommodation while attending the academy, RADACT would like to recommend "My Place Hotel". Their telephone number is 907-929-3500. My place is an easy walk to the training venue as it is directly across the street from the RADACT office. Each suite contains a refrigerator with a freezer, a two-burner cooktop, sink, toaster, microwave, and a coffee machine. There is also cable and WI-FI for your convenience.

Limited scholarships are available, please complete the attached scholarship application form. **Transportation to and from the academy, certification fees, or meals (other than breakfast and lunch Monday-Friday are not included.) Hotel – a single room at "My Place Hotel" is included in the scholarship.** Scholarship applications and letter must be received by RADACT **no later than 4:00 pm on Friday, February 23, 2024. Submitting a scholarship application does NOT guarantee a scholarship award.**

This 10-day on-site 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.

PAYMENT IN FULL MUST BE RECEIVED BY MARCH 1, 2024, AT RADACT OFFICE

Academy attendees are responsible for making their own hotel accommodations.


RADACT will make hotel arrangements for scholarship recipients

My Place Hotel is the recommended hotel as it is directly across the street from the RADACT training facility

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
12 DAY COUNSELOR TECHNICIAN ACADEMY
MARCH 11, 2024 THROUGH MARCH 22, 2024

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

REGISTRATION FORM
COUNSELOR TECHNICIAN TRAINING

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): _____

Fee for academy (\$1,400.00)

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 10 day in person training academy to be held in Anchorage from March 11, 2024, through March 22, 2024, **and the 3 courses to be held via zoom the week of March 4, 2024.** 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 10 days in order that they can attend the entire 10 day in-person training to be held in Anchorage from March 11, 2024, through graduation March 22, 2024. I also agree to release my employee for two days the week of March 4, 2024, so that they may participate in the three courses offered via zoom. 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 11, 2024, through March 22, 2024, session of the Counselor Technician Training Academy. The program/individual understands that FULL PAYMENT MUST BE RECEIVED by 4:00 pm, Friday, March 1, 2024, 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

12 DAY COUNSELOR TECHNICIAN

TRAINING ACADEMY

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 23, 2024
COUNSELOR TECHNICIAN**

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): _____

**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 23, 2024, FOR ME TO BE CONSIDERED
FOR A SCHOLARSHIP. (APPLICATION MAY BE FAXED TO RADACT @ 907-562-7948.)**

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

SCHOLARSHIP APPLICATION

APPLICATION DEADLINE February 23, 2024

I, _____, agree to attend the entire 10 day in person training academy to be held in Anchorage from March 11, 2024, through March 22, 2024, **and the 3 classes being held via zoom the week of March 4, 2024.** 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 their 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 10 days, from March 11, 2024, through March 22, 2024 so that they may attend the entire 10-day RADACT training academy and the three classes being held via zoom the week of March 4, 2024. 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: _____