

JANUARY 2008

Project for Addictions Cultural Competency Training

Dear PACCT Applicant:

It is our pleasure to provide you with a descriptive brochure and application for the training and internship opportunities provided through **The Project for Addictions Cultural Competency Training (PACCT)**.

The Project for Addictions Cultural Competency Training Program (PACCT) is a Department of Mental Health and Addiction Services (DMHAS) sponsored program. The purpose is to increase the hiring pool of historically under-represented groups, such as Hispanic/Latino, African Origin, Asian Americans, and Native Americans. Specifically, we are recruiting individuals who are interested in pursuing a career in substance abuse counseling.

The Applicant must complete eighty-seven (87) hours of PACCT classroom instruction. All classes will be held on Saturday and will begin in January 26, 2008. **It is important that you include two (2) written personal references with your application, and a written statement of 350 words as to why you want to apply for this program.** Please read the enclosed brochure carefully. All of the important information is contained in the brochure for your review.

Please complete and return all application materials to this office by November 30, 2007 (type or use ballpoint pen and print clearly). If you have questions, you may call Sandra Kamens at (860) 418-6956 for assistance.

Make sure you provide all of the information requested on the application. You may wish to make a copy of your application for your records. There are two phases to the selection process: 1) Review and Approval of the applications and written statements.

2) Persons whose application ratings are the highest will be interviewed for final selection.

The selection process will continue until all the available training slots have been filled. Following review of your application, you will be notified in writing and receive location directions and information regarding class requirements. The PACCT staff looks forward to receiving your response and wishes you success.

Sincerely,

Jose Ortiz, MBA, MS, LADC
Director, Office of Multicultural Affairs

**Send Applications to:
Ms. Sandra A. Kamens
The Office of Multicultural Affairs
Dept. of Mental Health & Addiction Services
P.O. Box 341431 MS#14OMA
410 Capitol Ave., Hartford, CT. 06134**

**Or FAX to: PACCT/OMA
ATTN: Sandra Kamens at
860-418-6792**

PACCT Trainee Application

FOR OFFICE USE ONLY

1. Region: _____ 2. Date Received: _____ 3. ID#: _____
4. Accepted: _____ 5. Waiting List: _____ 6. Denied: _____
REVIEWED BY: _____ DATE: _____

Personal Information: (Please Type or Print Clearly)

Ms. _____ Mrs. _____ Mr. _____
Last Name _____ First _____ M.I. _____
Home Address _____
City _____ State _____ ZIP _____
Date of Birth ____ / ____ / ____ SS # (Kept Confidential) _____
Home Telephone () _____ Work Telephone () _____
Cell Phone () _____ Fax Number () _____
Current Occupation/Title _____
Employer's Name _____ Address _____
City _____ State _____ ZIP _____ Tel. _____

Demographic Information:

Race/Ethnicity (If more than one, please check all that apply, PACCT strives to be all inclusive)
a. _____ African American d. _____ Native American
b. _____ Hispanic/Latino e. _____ Asian /Pacific Islander
c. _____ Caucasian f. _____ Other (Specify _____)
g. Gender: _____ Male _____ Female _____

I Would Like to Request Special Needs Considerations: (e.g. ADA, Please Specify) _____

Programmatic Information:

How did you learn about PACCT? (Please check all that apply)
a. _____ Referral (specify by whom) _____
b. _____ PACCT Brochure
c. _____ Publication (specify) _____
d. _____ Conference (specify) _____
e. _____ Other (specify) _____

Educational and Training Information:

a. _____ High School Level Diploma (minimum) e. _____ Advanced Degree: Specify _____
b. _____ Some College or Technical/Trade School f. _____ Military Service: Yes _____ No _____
c. _____ Associate Degree/Diploma or more g. _____ Language(s) spoken: _____
d. _____ Bachelor's Degree: Major _____ h. _____ Other: _____

I attest that all of the above is true:

Signature of Applicant _____ Date _____

IMPORTANT: PLEASE SUBMIT WITH YOUR APPLICATION AT LEAST TWO WRITTEN LETTERS OF REFERENCE, A SIGNED "PARTICIPANT ELIGIBILITY DECLARATION", AND A 350 WORD PERSONAL STATEMENT EXPLAINING WHY YOU WANT TO ENTER THIS PROGRAM.

**Connecticut Department of
Mental Health and Addiction
Services
Office of Multicultural Affairs**

**Project for Addictions
Cultural Competency Training (PACCT)**

APPLICATION KIT

SPRING 2008