

# HIGH POINT & AFFILIATED ORGANIZATIONS

## ACT Instructor Application Form

LAST NAME:	FIRST NAME:	DATE:
DATE OF HIRE:	SHIFT:	JOB TITLE:
SITE LOCATION:	DEPARTMENT/PROGRAM :	DEPT NUMBER:
EMAIL:	CELL PHONE:	WORK PHONE:
COO:	COO PHONE:	

### WHICH COURSES AND LOCATIONS ARE YOU INTERESTED IN TEACHING?

- I INTRO TO ALCOHOL & DRUG ADDICTION
- II THE TWELVE CORE FUNCTIONS
- III CO-OCCURRING PSYCHIATRIC AND SUBSTANCE DISORDERS
- IV EFFECTIVE TREATMENT FOR VARIED POPULATIONS
- V BASIC COUNSELING SKILLS AND METHODS
- VI ETHICS AND BOUNDARIES AND THE ADDICTION COUNSELOR

### EDUCATION

1. WHAT IS THE HIGHEST LEVEL OF EDUCATION YOU HAVE COMPLETED?

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2. WHAT LICENSURE/S/CERTIFICATION/S DO YOU HAVE?

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3. HAVE YOU PREVIOUSLY TAUGHT IN AN ACADEMIC SETTING? WHERE/WHEN/COURSE?

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4. HAVE YOU PREVIOUSLY CONDUCTED INTERNAL OR EXTERNAL IN-SERVICE TRAININGS? WHERE/WHEN/COURSE?

**INSTRUCTOR APPLICANT - PLEASE SIGN BELOW AND FORWARD THIS TO YOUR MANAGER/DIRECTOR FOR APPROVAL**

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**MANAGER/DIRECTOR/COO - IF APPROVED PLEASE FORWARD THIS APPLICATION TO THE STAFF GROWTH AND DEVELOPMENT COORDINATOR**

- HAVE APPROVED
  DO NOT APPROVE THIS APPLICATION

MANAGER/DIRECTOR/COO SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

**STAFF GROWTH AND DEVELOPMENT COORDINATOR/CQCO – INSTRUCTOR APPLICATION REVIEW AND DETERMINATION**

- HAVE APPROVED
  DO NOT APPROVE THIS APPLICATION

STAFF GROWTH & DEVELOPMENT COORDINATOR SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

CHIEF QUALITY & COMPLIANCE OFFICER: \_\_\_\_\_ DATE: \_\_\_\_\_

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**Supporting Documentation  
Must be attached to application when submitted**

<b>Cover Letter</b>	<b>This should be a one page statement that explains your decision to apply to be an instructor in the ACT program.</b>
<b>Supervisor Recommendation</b>	<b>Must be completed and signed by your current supervisor</b>
<b>Resume</b>	<b>Please make sure this is a current resume to reflect your most recent position/employment</b>