

THE RHODE ISLAND DEPARTMENT OF MHRH, DIVISION OF BEHAVIORAL HEALTHCARE SERVICES, SUBSTANCE ABUSE TREATMENT & PREVENTION SERVICES

RI APPLICATION FOR PARTIAL SCHOLARSHIP

17TH Annual New England School of Best Practices in Addiction Treatment
(Formally the New England Advanced School of Addiction Studies and the New England School for the Treatment of Opioid Dependence)

September 14 – 17, 2009, Waterville Valley Conference Center & Resort, NH

PARTIAL SCHOLARSHIP APPLICATION DEADLINE: August 7, 2009

Date _____

Name _____

Home Address (**please include: street, city, state & zip**)

Email Address: _____

Home Phone: () _____ Cell phone: _____

Agency Address (**please include: street, city, state & zip**)

_____ Work

Phone (401) _____ Work Fax: (401) _____

How long with Agency? _____ What is your position? _____ How
long in Substance Abuse field? _____

Has your employer approved your taking leave for this course? _____

Program Director's Signature: _____

(Application will NOT be considered without the above signature)

Have you previously attended the School of Best Practices/Advanced School of Addiction Studies?

No___ Yes___ If yes, date? _____

Have you ever received a New England School of Addiction Studies Scholarship in the past? No___

Yes___ If yes, which agency issued the scholarship?

Give a brief description of the major responsibilities you carry on your job:

List your reason(s) for wanting to attend this training event:

CONTINUED ON OTHER SIDE

Describe how this training will assist in your career development plans:

Your application will NOT be considered until you have completed the following requirements:

1. Your employer must sign this application approving your time off (front of application).
2. This application must be in the hands of Substance Abuse Treatment & Prevention Services by the specified application deadline. Applications received after that date WILL NOT be considered.
3. It is understood that preference will be given to applicants working in RI agencies licensed by the Department of MHRH. If you live and work in another New England State, please submit your application to that state.

The applicant agrees to take full responsibility for all negotiations and mailing of applications to the New England School of Best Practices in Addiction Treatment. The applicant also agrees to return all scholarship money awarded if the course is not completed. Attendance at such events is monitored. IF THE APPLICANT FINDS THAT HE/SHE CANNOT ATTEND THE TRAINING FOR ANY REASON, HE/SHE MUST CONTACT LORI DORSEY AT 401-462-0645 WITHIN FOUR (4) WEEKS OF THE EVENT SO THOSE ON THE WAITING LIST MAY HAVE THE OPPORTUNITY OF USING THE SCHOLARSHIP. If scholarship recipients do not attend a training event and do not notify the Department of MHRH/Division of Behavioral Healthcare Services, Substance Abuse Treatment & Prevention Services, they will not be considered for future scholarships.

In return for a scholarship, it is expected that you will attend all sessions of the school including the State Meeting for Rhode Island participants, (location and time to be determined).

Applicant's signature: _____ Date: _____

RETURN TO: (deadline August 7, 2009)
Lori Dorsey, LICSW, LCDCS
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