

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

APPLICATION FOR SCHOLARSHIP

**18TH 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)**

August 23-26, 2010, Waterville Valley Conference Center & Resort, NH

RHODE ISLAND PARTIAL SCHOLARSHIP APPLICATION DEADLINE: July 16, 2010

Date _____

Name _____

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

Home Phone: () _____ Cell phone: _____

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

Work Phone (____) _____ Work Fax: _____

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

Has your supervisor 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 applied for 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 supervisor 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.

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 partial scholarship, it is expected that you will attend all plenary sessions and all sessions for which you have registered.**

***Submit your NEIAS application and choice of courses to the New England Institute of Addiction Studies when you submit your scholarship application to me. Their information is :**

New England Institute of Addiction Studies

75 Stone Street,
Augusta, ME 04330
207-621-2549 (Phone)
207-623-0830 (TTY)
207-621-2550 (Fax)

neias@neias.org

Applicant's signature: _____ Date: _____

RETURN SCHOLARSHIP APPLICATION TO: (deadline July 16, 2010)

Lori Dorsey, LICSW, LCDCS, CCDP-D
RI Dept. of MHRH, Division of Behavioral Healthcare Services,
14 Harrington Road, Cranston, RI 02920; Phone: 401-462-0645; Fax: 401-462-6078
LDorsey@mhrh.ri.gov