



BREINING INSTITUTE – COLLEGE FOR THE ADVANCED STUDY OF ADDICTIVE DISORDERS

8894 Greenback Lane • Orangevale, California USA 95662-4019 • Telephone (916) 987-2007 • Facsimile (916) 987-8823

APPLICATION FOR ADMISSION

Please indicate whether you anticipate enrolling as an On-Campus or Distance Learning Student:

On-Campus

or

Distance Learning

SECTION 1. Please print your information clearly.

First Name

[Grid for First Name]

Middle Name

[Grid for Middle Name]

Last Name

[Grid for Last Name]

Address (Number, Street, Apt or Suite No.)

[Grid for Address]

City

[Grid for City]

State (or Province)

[Grid for State]

USA Zip Code

[Grid for USA Zip Code]

Country (other than USA)

[Grid for Country]

Country Code

[Grid for Country Code]

Residence Telephone Number (including Area Code)

[Grid for Residence Telephone Number]

Work Telephone Number (including Area Code)

[Grid for Work Telephone Number]

Pager/Cell Number (including Area Code) [Optional]

[Grid for Pager/Cell Number]

Facsimile Number (including Area Code) [Optional]

[Grid for Facsimile Number]

E-mail Address

[Grid for E-mail Address]

Social Security Number

[Grid for Social Security Number]

Date of Birth (Month-Day-Year)

[Grid for Date of Birth]

Male Female

[Grid for Gender]

SECTION 2. I wish to enroll in the following Breining Institute course:

- FAST TRACK** Program – Alcohol and Other Drug (AOD) Studies.....17 Quarter Units
- Certificate Program – Addiction Studies Certificate.....45 Quarter Units
- Associate of Arts – Addictive Disorders.....90 Quarter Units
- Bachelor of Arts – Addictive Disorders..... 180 Quarter Units
- Master of Arts – Addictive Disorders..... 45 Graduate Quarter Units
- Master of Arts – Hypnotherapy and Holistic Health..... 45 Graduate Quarter Units
- Doctor of Addictive Disorders (Dr.AD)..... 80 Graduate Quarter Units

SECTION 3. FORMAL ACADEMIC EDUCATION: Provide information identifying where you attended school(s). Please provide official transcripts.

<i>Name of Institution</i>	<i>Course(s) or Major</i>	<i>Degree / Units</i>	<i>Date completed</i>
_____	_____	_____	_____
_____	_____	_____	_____

SECTION 4. MAJOR EMPLOYMENT HISTORY.

<i>Name of Employer or Facility</i>	<i>Job Title / Description</i>	<i>Dates (from/to)</i>
_____	_____	_____
_____	_____	_____

SECTION 5. ACTIVE INVOLVEMENT IN A PROGRAM OF PERSONAL RECOVERY (indicate any that apply):

- | | | |
|-----------------------------|----------------------------------|---------------------------------------|
| <input type="checkbox"/> AA | <input type="checkbox"/> Alanon | <input type="checkbox"/> ACOA |
| <input type="checkbox"/> NA | <input type="checkbox"/> Gamanon | <input type="checkbox"/> Narcanon |
| <input type="checkbox"/> GA | <input type="checkbox"/> SLA | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> TA | <input type="checkbox"/> SOS | <input type="checkbox"/> Other: _____ |

SECTION 6. PAYMENT METHOD:

CERTIFICATE PROGRAM APPLICANTS (includes FAST TRACK applicants):

- I will make my tuition payments by Series as I start each Series.(FAST TRACK is one series.)
- My employer, insurance company or other entity will pay for my tuition, and their Authorization to Bill is enclosed.

DEGREE PROGRAM APPLICANTS

- I will pay \$400 tuition down payment and then monthly tuition payments of \$250 until my balance is paid in full
- I will pre-pay full tuition for my Bachelors, Masters or Doctorate program to receive a 5% discount
- My employer, insurance company or other entity will pay for my tuition, and their Authorization to Bill is enclosed.

SECTION 7. CHECKLIST: The following **must** be submitted with Application:

- Letter of Intent (a short autobiography and statement of why I wish to enroll).
- Sponsor letter of support, verifying active involvement, if applicable, in a recovery program.
- A letter of support from a colleague and/or Counselor verifying experience/ interest in the field.
- Proof of high school graduation or GED, or OFFICIAL TRANSCRIPTS from college if seeking transfer credit
- Non-refundable Registration fee of \$75 (made payable to "BREINING INSTITUTE").

Signature: _____ Date: _____

Return Application to: BREINING INSTITUTE · 8894 Greenback Lane · Orangevale, California USA 95662-4019