



**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

Middle Name

Last Name

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

City

State (or Province)

USA Zip Code

Country (other than USA)

Country Code

Residence Telephone Number (including Area Code)

Work Telephone Number (including Area Code)

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

Facsimile Number (including Area Code) [Optional]

E-mail Address

Social Security Number

Date of Birth (Month-Day-Year)

Male Female

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**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

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**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>
_____	_____	_____	_____
_____	_____	_____	_____

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**SECTION 4. MAJOR EMPLOYMENT HISTORY.**

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

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**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: _____ |

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**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.)
- I have applied and been approved for financial aid on-line at [www.slmfinancial.com](http://www.slmfinancial.com)
- 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.
- I have applied and been approved for financial aid on-line at [www.slmfinancial.com](http://www.slmfinancial.com)
- My employer, insurance company or other entity will pay for my tuition, and their Authorization to Bill is enclosed.

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**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 transcripts from college if seeking transfer credit.
- Non-refundable Registration fee of \$75 (made payable to "BREINING INSTITUTE").

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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