**SUDC Certificate of Proficiency  
General Information &   
Application Instructions  
2021-22 Academic Year**

**General Information:**

Utah Valley University’s Substance Use Disorder Counseling (SUDC) program is a selective admissions program. This is based on the need to maintain a program of excellence in classes, assure availability of quality internship, and adherence to accreditation requirements. Application to the SUDC program is open to all students with an interest in substance use disorder counseling and who meet the application requirements. No student will be denied admission based upon race, gender, disability, age, religion, sexual orientation, culture, creed, class, ethnicity, or national origin. A maximum of 30 students may be admitted to the program each year. Conviction for past criminal activity or conduct will not be used as criterion for admission. However, be advised that past or future criminal activity or conduct may limit or inhibit the student from securing an internship or obtaining a license.

Admission to the SUDC program is based on a review of academic performance, relevant work/volunteer experience, personal statement, and letters of recommendation. Once a complete admissions packet is received it will be reviewed by the admissions committee. Students will be notified by myUVU email of the committee’s decision (full admission, conditional admission, or denial of admission).

Students must complete the following prerequisites with a C- grade or higher in each course **prior to starting** the SUDC program:

* PSY 1010: General Psychology
* ENGL 2010: Intermediate Writing
* PSY 1100: Human Development of the Lifespan

or

SW 2100 Human Behavior and the Social Environment I and

SW 3400 Human Behavior and the Social Environment II

UVU’s SUDC program is an **online program**. Students are admitted in the summer, to begin the program fall semester. Students interested in applying to the SUDC program will need access to a computer, a printer, access to the Internet, and a supported web browser. Familiarity with computer usage, computer programs, and operating systems will help you succeed as a student. Knowing how to use e-mail and navigate the Internet is essential. Students must be able to send messages to their instructor, e-mail assignments, and reach the class web pages in the Canvas Learning Management System. All UVU students are provided with a myUVU student e-mail account, this account will be used for all official communication.

Students who have **completed at least 2 years of full-time college or an Associate Degree** are generally more successful in the SUDC program. We encourage new college students to complete 4 or more semesters before applying. Students are admitted in the summer to begin the SUDC program fall semester. Students will attend Fall and Spring semesters or Fall, Spring, and Summer semesters depending on which license they choose to pursue.

Early applications are accepted and encouraged. Applications are not reviewed until all required materials have been submitted. The review process takes 3-5 weeks. **Late applications are not accepted.**

Contact the SUDC Academic Advisor with any questions – 801-863-5717.

**Application requirements/recommendations**

UVU’s SUDC program strongly recommends that students complete two years of college coursework before applying to the SUDC program.

Students are required to successfully complete the following prerequisites prior to beginning the SUDC program:

* ENGL 2010: Intermediate Writing
* PSY 1010: General Psychology
* PSY 1100: Human Development of the Lifespan

We strongly suggest students successfully complete the following prior to beginning the SUDC program:

* 2 years of college coursework
* SLSS 1000: University Student Success

Students will choose which license goal they would like to pursue:

|  |  |  |
| --- | --- | --- |
| **SUDC (basic license)** |  | **ASUDC (advanced license)** |
| Fall semester: |  | Fall semester: |
| * SUDC 4710: Introduction to Professional Development * SUDC 4300: Introduction to Substance Use Disorder Counseling * SUDC 3470: Dynamics of Addiction |  | * SUDC 4710: Introduction to Professional Development * SUDC 4300: Introduction to Substance Use Disorder Counseling * SUDC 3470: Dynamics of Addiction |
| Spring semester: |  | Spring semester: |
| * SUDC 3430: Psychopharmacology for SUDC * SUDC 481R: Internship (200 clock hours) |  | * SUDC 3430: Psychopharmacology for SUDC * SUDC 4400: Advanced Substance Use Disorder Counseling * SUDC 481R: Internship (200 clock hours) |
| Apply for Certificate of Proficiency 3 in Substance Use Disorder Counseling through Wolverine Track before the first Friday in February. |  | Summer semester: |
| Summer semester |  | * SUDC 4720: Advanced Professional Development * SUDC 481R: Internship (150 clock hours) |
| * No courses required; the following steps should happen after Spring is complete. |  | Apply for Certificate of Proficiency 3 in Advanced Substance Use Disorder through Wolverine Track before the first Friday in June. |
| Contact DOPL to apply for intern license. |  | Contact DOPL to apply for intern license. |
| Gain required experience (hours required set by DOPL). |  | Gain required experience (hours required set by DOPL). |
| Pass licensing exam as required by DOPL. |  | Pass licensing exam as required by DOPL. |
| Apply for your license:  **Utah Division of Occupational and Professional Licensing (DOPL)**  www.dopl.utah.gov/licensing/substance\_use\_disorder\_counseling.html |  | Apply for your license:  **Utah Division of Occupational and Professional Licensing (DOPL)**  www.dopl.utah.gov/licensing/substance\_use\_disorder\_counseling.html |

**Instructions:**

1. Be admitted to Utah Valley University. Students must meet UVU admission deadlines to qualify for the SUDC program.
   * Go to <http://www.uvu.edu/admissions/> for detailed admissions instructions.
   * Contact a representative a UVU’s Admissions office to confirm you are fully admitted before submitting your SUDC application.
   * Note that full admission to UVU requires submission of high school transcripts and ALL college transcripts. Transcripts must be received and processed by UVU before the SUDC application deadline in order to be considered (allow up to 4 weeks). Information about how to submit college transcripts can be found here: <https://www.uvu.edu/transfer/students/incoming.html>
2. Complete the SUDC Application.
   * It is important to present yourself professionally. **Be sure to type information into designated blanks wherever indicated** (“click here to enter text”) rather than hand-writing information into the provided box.
3. Write your Personal Statement.
   * With your application, please include a 2-3 pages (typed, double-spaced, 12-point font) personal statement, which includes brief descriptions of the following subject areas.
     1. Brief autobiographical information (including what background experiences may have created interest for you in this field)
     2. Skills you would bring to this program/field
     3. Personal philosophy regarding substance abuse treatment
     4. What skills a substance abuse counselor should possess
     5. Additional relevant information
   * Title each section of your statement to correspond to the preceding subject areas.
   * Use APA Format (Times New Roman 12 point font and titles and headings should follow APA rules), but 1st person is allowed, for more information and resources regarding APA Formatting, please visit <https://www.uvu.edu/writingcenter/handouts/index.html> or contact the [UVU’s Writing Center](https://www.uvu.edu/writingcenter/))
4. Create your resume
   * Resumes must include a minimum of your three (3) most recent employment experiences, including start and end dates of employment
   * Resumes must include a brief listing of your educational experience – include all schools/colleges attended from high school forward and dates of attendance for each
   * Resumes should be limited to two pages
5. Contact references to complete two (2) Recommendation Forms
   * First – complete the form titled “Right of Access Waiver”
   * Second – give your signed Right of Access Waiver, a printed Recommendation Form, and an envelope to two (2) individuals who are willing to be your references
     1. Note: Both the Right of Access Waiver and the Recommendation Form must be included in the sealed envelope to be considered
   * Third – your reference writers should return both forms to you in a sealed envelope, do not open the envelope (opened envelopes will void the recommendation)
   * Fourth – submit two recommendations with your SUDC application packet

(\*\*Note: Typically, a former or current professor/employer are the best references)

1. Pay your application fee.

* Complete the *SUDC Program Application Fee Payment Form* and pay a **$40 Non-Refundable Application Fee** to the UVU Cashiers Office located in the Browning Administration (BA) Building, Room 109.
* See the *SUDC Application Fee Payment Form* for specific instructions.

1. Applications that are missing required documents or information will not be reviewed. A complete admissions packet contains:
   * SUDC Application
   * Completed SUDC Program Application Fee Payment Form
   * Personal Statement
   * Resume
   * Recommendation Forms (2)
2. Submit application packet in person or by mail. Place all application materials in an envelope and address it to:

UVU SUDC Program

MS 115

800 W University Parkway

Orem, UT 84058-5999

Applications may be mailed to the address below or dropped off in-person at CB 207.

**SUDC Certificate of Proficiency Application  
 2021-22 Academic Year**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Full Legal Name:** | Click here to enter text. | | | **UV ID:** | Click here to enter text. |
| **Mailing Address:** | Click here to enter text. | | | | |
| **City:** | Click here to enter text. | **State:** | Click here to enter text. | **ZIP:** | Click here to enter text. |
| **Phone:** | Click here to enter text. | | | | |
| **Other names under which academic records may be listed (maiden name for example):** | | | Click here to enter text. | | |

**PREREQUISITES**

Students must complete the following prerequisites (with a C- grade or higher) prior to starting the SUDC program. Please list if these prerequisites are in-progress/registered for or completed. If already complete, list the institution and semester of completion.

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| --- | --- | --- | --- | --- |
| **Course** | **In Progress or Registered?** | **Completed** | **If completed, at what institution?** | **During which semester?** |
| **ENGL 2010**: Intermediate Writing |  |  |  |  |
| **PSY 1010**: Introduction to Psychology |  |  |  |  |
| **PSY 1100**: Human Development through the Lifespan |  |  |  |  |

**LICENSE GOAL**

As of July 1, 2012 there are two levels of licensure for Substance Use Disorder Counseling in the state of Utah.

* The Substance Use Disorder Counselor (SUDC) license requires completion of UVU’s two semester SUDC program which includes a 200 hour internship. **Students must also complete 60+ semester credit hours (SUDC courses count toward this credit total)**, among other licensing standards.
* The Advanced Substance Use Disorder Counselor (ASUDC) license requires completion of UVU’s three semester SUDC program which includes a 350 hour internship. **Students must also complete a bachelor degree (in any major)**, among other licensing standards.

*Both levels require students to pass the appropriate licensing exam and complete the required supervised field hours.* *Contact State of Utah’s Division of Professional Licensing (DOPL) for more information.*

|  |  |
| --- | --- |
| Number of Completed Credits Hours: |  |
| Previous Degree(s): |  |

|  |  |
| --- | --- |
| Please identify which license you intend to pursue: | |
|  | Substance Use Disorder Counselor (SUDC) |
|  | Advanced Substance Use Disorder Counselor (ASUDC) |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Have you previously applied to this program or any similar programs? | |  | Yes |  | No |
| If yes, please answer the following questions: | | | | | |
| What year did you apply? | Click here to enter text. | | | | |
| What program(s) did you apply to? | Click here to enter text. | | | | |
| Did you attend any classes? | Click here to enter text. | | | | |
| Did you complete the program? If not, please provide your reason(s) for non-completion. | Click here to enter text. | | | | |

**ADDITIONAL INFORMATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have you ever been arrested for, charged with, plead guilty or no contest to, or been convicted of a misdemeanor or felony charge? |  | **No** |  | **Yes** |
| **Are you currently under probation?** |  | **No** |  | **Yes** |
| **Do you currently have felony charges pending against you?** |  | **No** |  | **Yes** |
| If you checked yes to any of these items, you need to provide a brief summary below of your criminal history, as these affect your ability to be placed in an internship. Please note that the SUDC program cannot accept applicants who are on probation when classes begin. Verification of release from parole will be required. | | | | |
| Click here to enter text. | | | | |

**ACKNOWLEDGEMENT STATEMENT**

*Please read the following statement and sign below to indicate your understanding.*

The Utah Valley University Substance Use Disorder Counseling programs are professional, university-level training programs. Please be aware that there are obligations and restrictions related to both the completion of this program and to work within the substance use disorder treatment field. If you are pursuing licensure as a substance use disorder counselor, additional requirements must be met as specified by the Division of Occupational and Professional Licensing (DOPL). For more information, please contact DOPL at 801-530-6628 or visit their website at <http://www.dopl.utah.gov/index.html>.

Students are required to complete the courses in the order specified by the program. The program curriculum includes completion of the required 200 or 350 hours of field experience (internship) while enrolled in the corresponding classes depending on what program/license you plan to pursue. A certificate of completion will not be granted until all program requirements are successfully completed. The certificate of completion will list the academic requirements and number of internship hours completed.

A passing grade of “C-” or better is required in all courses in order to satisfactorily complete the program. Students who do not receive a passing grade, will be required to retake and successfully complete the course the next time it is offered before being provided with a certificate of completion. Students are expected to complete the programs in the time allotted. Students must complete the program within six semesters of beginning the SUDC program (exceptions may be granted for extenuating circumstances, speak to the program advisor).

A history of alcohol and/or substance abuse or conviction for past criminal activity or conduct will not be used as a criterion for admission into this program; however, students are advised that past or future substance abuse, or criminal activity, may limit or prevent them from securing an internship, which is required for completion of the program. In addition, the student may be ineligible to receive a state license to practice or obtain employment in the field. For more information, contact the State of Utah Division of Occupational and Professional Licensing. **Please note that UVU’s SUDC program highly recommends 3 years sobriety before applying for this program.**

Applications for Fall 2021 admission are due no later than 5 pm on June 4th, 2021

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| **Mail application to:** |
| SUDC Admissions 800 W. University Parkway, MS 115 Orem, UT 84058 |

Late and/or incomplete applications will not be reviewed; those submitting late and/or incomplete applications will be denied entry to the program. For more details on application requirements you must see the Fall 2021 Admission Application Instructions.

**DOCUMENTS CHECKLIST:**

SUDC Application  
  Personal Statement  
  Resume  
  Recommendation Forms (2)  
  Completed SUDC Program Application Fee Payment Form

**My signature indicates my acknowledgement of the above statements and my affirmation that all information contained in this application and accompanying materials are complete and accurate.**

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| **Signature** |  | **Date** |

**SUDC Certificate of Proficiency  
Right of Access Waiver  
2021-22 Academic Year**

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| **To the Applicant:** | | | |
| Request Recommendation Forms from two references with recent knowledge about your fit for the Substance Use Disorder Counseling profession. Two letters of recommendation are required for application. References from family members, personal friends, co-workers (non-supervisors), or ecclesiastical leaders are not appropriate.  Instructions:   1. Type your name and UV ID into this form before printing it. 2. Sign and date the form. 3. Provide a signed Right of Access Waiver, Recommendation Form, and an envelope to two references. Ask each reference to complete this form, seal the envelope, **sign over the seal**, and return it to you. Do not open the envelopes. 4. As the applicant, you will include the sealed envelopes in your admissions packet.   In accordance with the Family Education Rights and Privacy Act of 1974 (FERPA), you may waive your right to access the information in this recommendation by indicating below. | | | |
|  | **I hereby waive my right** of access to the information in this recommendation. |  | **I do not waive my right** of access to the information in this recommendation. |
| **Name:** | Click here to enter text. | **UV ID:** | Click here to enter text. |
| **Signature:** |  | **Date:** |  |

**SUDC Certificate of Proficiency  
Recommendation Form  
2021-22 Academic Year**

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| **To the Recommendation Writer:** |
| The above named candidate is applying for admission to the Substance Use Disorder Counseling (SUDC) program at Utah Valley University (UVU) and has given your name as a reference. The candidate should have provided you with a Right of Access Waiver form indicating whether or not they waive their right to read your recommendation, an envelope, and this form.  UVU’s SUDC program seeks students who demonstrate potential for success as a student and in the substance use disorder counseling field. We desire students who possess the capacity for professionalism, empathy, academic proficiency, and who will adhere to the ethical standards of this field.  Please complete the attached rating form according to your perception of the applicant’s ability. Your rating is among several major factors taken into account in our admissions process. Your candid assessment is important. In addition to the rating form, the admissions committee welcomes you to provide a narrative assessment of the applicant in the ‘Comments’ area provided.  Under provisions of the Family Education Rights and Privacy Acts of 1974, this applicant (if admitted and enrolled) may have access to the information provided in your letter of reference unless he/she has waived such access on the Recommendation Waiver form, which should be included with this Recommendation Form.  Please seal the Right of Access Waiver (provided by the student) and Recommendation Form in an envelope, seal, sign your name across the flap, and return it to the applicant. |

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| **Reference Name:** | |  | | | | | | | | | | | | | | | |
| **Title:** | |  | | | | | | | | **Agency:** | | |  | | | | |
| **Address:** | |  | | | | | | | | | | | | | | | |
| **City:** | |  | | | | | **State:** | | | |  | | | **ZIP:** | |  | |
| **Email:** | |  | | | | | | | | | | | | **Phone:** | |  | |
| **I know the applicant:** | | |  | **Well** | |  | | **Fairly Well** | | | |  | | | **Not Well** | | |
| **What is your relationship with the applicant?** | | |  | | | | | | | | | | | | | | |
| **How long have you known the applicant?** | | |  | | | | | | | | | | | | | | |
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|  | | | **Superior** | | **Good** | | | | **Average** | | | **Below Average** | | | **Poor** | | **No Context** |
| Academic performance potential | | |  | |  | | | |  | | |  | | |  | |  |
| Maturity and judgment | | |  | |  | | | |  | | |  | | |  | |  |
| Verbal skills | | |  | |  | | | |  | | |  | | |  | |  |
| Written skills | | |  | |  | | | |  | | |  | | |  | |  |
| Leadership potential | | |  | |  | | | |  | | |  | | |  | |  |
| Ability to work with others | | |  | |  | | | |  | | |  | | |  | |  |
| Critical thinking | | |  | |  | | | |  | | |  | | |  | |  |
| Professionalism | | |  | |  | | | |  | | |  | | |  | |  |
| Overall competence | | |  | |  | | | |  | | |  | | |  | |  |

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| **Comments:** | | | | | | | | |
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| **Regarding this applicant, I would:** |  | **Strongly Recommend** |  | **Recommend** |  | **Recommend with Reservations** |  | **Not Recommend** |

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| --- | --- | --- | --- |
| **Signature:** |  | **Date:** |  |

**SUDC Certificate of Proficiency  
Right of Access Waiver  
2021-22 Academic Year**

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| --- | --- | --- | --- |
| **To the Applicant:** | | | |
| Request Recommendation Forms from two references with recent knowledge about your fit for the Substance Use Disorder Counseling profession. Two letters of recommendation are required for application. References from family members, personal friends, co-workers (non-supervisors), or ecclesiastical leaders are not appropriate.  Instructions:   1. Type your name and UV ID into this form before printing it. 2. Sign and date the form. 3. Provide a signed Right of Access Waiver, Recommendation Form, and an envelope to two references. Ask each reference to complete this form, seal the envelope, **sign over the seal**, and return it to you. Do not open the envelopes. 4. As the applicant, you will include the sealed envelopes in your admissions packet.   In accordance with the Family Education Rights and Privacy Act of 1974 (FERPA), you may waive your right to access the information in this recommendation by indicating below. | | | |
|  | **I hereby waive my right** of access to the information in this recommendation. |  | **I do not waive my right** of access to the information in this recommendation. |
| **Name:** | Click here to enter text. | **UV ID:** | Click here to enter text. |
| **Signature:** |  | **Date:** |  |

**SUDC Certificate of Proficiency  
Recommendation Form  
2021-22 Academic Year**

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| **To the Recommendation Writer:** |
| The above named candidate is applying for admission to the Substance Use Disorder Counseling (SUDC) program at Utah Valley University (UVU) and has given your name as a reference. The candidate should have provided you with a Right of Access Waiver form indicating whether or not they waive their right to read your recommendation, an envelope, and this form.  UVU’s SUDC program seeks students who demonstrate potential for success as a student and in the substance use disorder counseling field. We desire students who possess the capacity for professionalism, empathy, academic proficiency, and who will adhere to the ethical standards of this field.  Please complete the attached rating form according to your perception of the applicant’s ability. Your rating is among several major factors taken into account in our admissions process. Your candid assessment is important. In addition to the rating form, the admissions committee welcomes you to provide a narrative assessment of the applicant in the ‘Comments’ area provided.  Under provisions of the Family Education Rights and Privacy Acts of 1974, this applicant (if admitted and enrolled) may have access to the information provided in your letter of reference unless he/she has waived such access on the Recommendation Waiver form, which should be included with this Recommendation Form.  Please seal the Right of Access Waiver (provided by the student) and Recommendation Form in an envelope, seal, sign your name across the flap, and return it to the applicant. |

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| **Reference Name:** | |  | | | | | | | | | | | | | | | |
| **Title:** | |  | | | | | | | | **Agency:** | | |  | | | | |
| **Address:** | |  | | | | | | | | | | | | | | | |
| **City:** | |  | | | | | **State:** | | | |  | | | **ZIP:** | |  | |
| **Email:** | |  | | | | | | | | | | | | **Phone:** | |  | |
| **I know the applicant:** | | |  | **Well** | |  | | **Fairly Well** | | | |  | | | **Not Well** | | |
| **What is your relationship with the applicant?** | | |  | | | | | | | | | | | | | | |
| **How long have you known the applicant?** | | |  | | | | | | | | | | | | | | |
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|  | | | **Superior** | | **Good** | | | | **Average** | | | **Below Average** | | | **Poor** | | **No Context** |
| Academic performance potential | | |  | |  | | | |  | | |  | | |  | |  |
| Maturity and judgment | | |  | |  | | | |  | | |  | | |  | |  |
| Verbal skills | | |  | |  | | | |  | | |  | | |  | |  |
| Written skills | | |  | |  | | | |  | | |  | | |  | |  |
| Leadership potential | | |  | |  | | | |  | | |  | | |  | |  |
| Ability to work with others | | |  | |  | | | |  | | |  | | |  | |  |
| Critical thinking | | |  | |  | | | |  | | |  | | |  | |  |
| Professionalism | | |  | |  | | | |  | | |  | | |  | |  |
| Overall competence | | |  | |  | | | |  | | |  | | |  | |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Comments:** | | | | | | | | |
|  | | | | | | | | |
| **Regarding this applicant, I would:** |  | **Strongly Recommend** |  | **Recommend** |  | **Recommend with Reservations** |  | **Not Recommend** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature:** |  | **Date:** |  |

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**SUDC Certificate of Proficiency  
Application Fee Payment Form  
2021-22 Academic Year**

**Instructions:** SUDC applicants must complete this form and submit it with your payment to the UVU Finance & Business Services Office located in the Browning Administration Building. The form and your payment shall be submitted in person or mailed to:

Utah Valley University

Business Services – MS 109

800 W. University Parkway

Orem, UT 84058-5999

Your payment must be received before the application deadline. Applications submitted without validated payment forms will be denied. Once payment has been made and this form is completed you must submit it with your application to the UVU SUDC Program. Submit validated form with your SUDC application packet. If you mail in this form with payment the form will be forwarded to our office.

**NOTE:** The UVU Cashier accepts cash, checks, and PIN-based debit cards only for in-person payments. Checks are the only acceptable format for payments sent by mail.

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

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

UVID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Detail Code: LSAC

Index Code: S13076, SUDC - Application

Amount: $40

Cashier’s Validation: