

**Addictive Disorder Regulatory Authority
(ADRA)
APPLICATION FOR CERTIFICATION
(CCGC)
EDUCATION HISTORY**

NAME: _____ **Date:** _____

_____ I earned a High School diploma. Date of graduation: _____ School: _____ Location: _____

_____ I have the equivalent GED. Date earned: _____

ACCREDITED INSTITUTIONS OF HIGHER EDUCATION

Dates From/To	College or University	Location/Address	Degree/Date	Semester Hours	Major Subject	Gambling
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TECHNICAL/VOCATIONAL SCHOOL

Dates From/To	Technical school/institution	Location/Address	Degree/Date	Semester Hours	Major Subject	Gambling
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SIGNIFICANT ADULT/PROFESSIONAL/CONTINUING EDUCATION

Dates From/To	School or institution	Location/address	Degree/Date	Semester Hours	Major Subject	Gambling
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(Make additional copies as needed) **ATTACH TRANSCRIPTS OR CERTIFICATES** (Mark SA if substance abuse education)