APPLICATION FOR VOCATIONAL TECHNICAL AWARD

Student's Name (Must match student record)		Today's Date
		| |
Student Identification Number | |	Email Address	When do you plan to complete your program? (Circle) Fall Winter Spring Summer 20_____
Street Address	City, State & Zip Code	Phone Number

COURSE TITLE		SECTION I			SECTION II			SECTION III	
Social & Human Services Addiction Studies Certificate for Degreed Students Only (Those with AAS, AAS-T degrees and above) (as of Fall 2026)		This Qtr.	Past Qtr.	Next Qtr.	Transfer	Challenge	Work Exp.	**Do Not Write In This Section**	
	Technical Specialty Courses (credits)							**#**	INSTRUCTIONS
PSYC& 200	Lifespan Psychology							5	
SHS 108	Group Dynamics & Counseling							5	of the columns in Section I.
SHS 150	HIV/AIDS Brief Risk Intervention							1	
SHS 210	Diversity in Human Services Practice							3	
SHS 230	Suicide Risk, Assessment, Treatment and Referral							3	
SHS 231	Pharmacology of Addictions							5	2. Section II is for the student who is getting credit for a course NOT taken at SCC. Check the appropriate box if this section applies to you.
SHS 232	Addiction, Adolescents & Family Systems							5	
SHS 233	Addictions Counseling							5	
SHS 235	Drug Addiction & Society							5	
SHS 255	Mental Health & Co-Occurring Disorders							5	
SHS 270	Ethics in Humans Services and Chemical Dependency							5	
SHS 280	Case Management for SHS & CD							3	
									3. Return this form to the Registration Office in Room BE1104.
									NOTES:

TOTALS	50	G.P.A.

_____ _____

Evaluator **(Date)** **Dean** **(Date)**

B-228
Revised 5.14.2025 PMW

Revised 8.19.2026 PMW