





**PROFESSIONALS IN RESIDENCE  
Program Development Information**

Please take a few moments to complete this questionnaire and return it with your completed registration form. This completed form and your payment will confirm your registration. Thank you.

**Name:** \_\_\_\_\_

**Place of employment:** \_\_\_\_\_

**Degree and /or certification level:** \_\_\_\_\_

**Number of years in the chemical dependency or related field:** \_\_\_\_\_

**Previous training applicable to this program:**

---

---

---

**What are your specific areas of interest for this training program?**

---

---

---

---

**Please identify specific skills you hope to attain while in this training program (eg: knowledge of diagnostic criteria and tool in assessing addiction, treatment planning, etc.**

---

---

---

---

---

**Please briefly describe your understanding of, and/or experience with Alcoholics Anonymous and/or Al-Anon and the 12-Steps of A.A.**

---

---

---

---



**PROFESSIONALS IN RESIDENCE  
 Scholarship Application  
 Physicians and Other Health Care Professionals (5-Day Program)  
 Hazelden, New York, New York**

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Employer: \_\_\_\_\_

Job Title/Function: \_\_\_\_\_

***Scholarship Need Worksheet***

**Costs: (per week)**

Program Fee (includes materials and meals on campus)	\$1,795.00
Registration Fee (nonrefundable)	\$25.00
<i>Total Cost</i>	<b><i>\$1820.00</i></b>

**Resources:**

Your Contribution	_____
Employer's Contribution	_____
Other Funding Sources	_____
<i>Total Resources (Add column)</i>	_____

Subtract the amount of your total resources from the total cost

**Scholarship Amount Requested:** \_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date of Application**