



## Addiction Studies - Addiction Counseling and Wellness

**Details** Program Coordinator (contact with questions)

Completion Award:Short-Term Proficiency CertificateStacie Bell(360) 417-6377Program Code (EPC):SAACWC01Office: M-109sbell@pencol.edu

Student's Name:	Student ID Number:		
Advisor:	Advisor's Signature:		

## **Learning Outcomes**

- 1. Identify the eight basic counseling skills
- 2. Gain personal insight into counselor role

Degree Requirements	Approved Substitutions	Name Of Course	Credits	Credits Completed	In Progress Qtr/Yr
HSSA 115		Counseling I	4/44		
HSSA 135		Family Treatment	3/33		
HSSA 215		Counseling II	3/33		
CREDITS REQUIRED FOR CERTIFICATE:					

## The following information is needed to produce your certificate:

Quarter and Year 0	Certificate was com	pleted:	Fall   Winter	☐ Spring	□ Summer	20
Name to be printed	d on Certificate:	First	٨	Лiddle	Last	
Mailing Address:  If no mailing address if	Street/P.O. Box is provided, Certificate	may be picke	City ed up at the Recep	otion desk in t		state Zip vices Bldg.
For Office Use:						
☐ Grades verified☐ Certificate Mailed	Date Certificate Pos I <i>or</i> □ Forwarded t			essed By: _		