



## Addiction Studies - Certificate

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

Completion Award:Short-Term Proficiency CertificateStacie Bell(360) 417-6377Program Code (EPC):SAAASC01Office: M-109sbell@pencol.edu

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

## **Learning Outcomes**

- 1. Describe Medically Assisted Treatment (MAT) for opiate addictions
- 2. Summarize the grief process

Degree Requirements	Approved Substitutions	Name Of Course	Credits	Credits Completed	In Progress Qtr/Yr
HSSA 101		Introduction to Addictive Drugs	5		
HSSA 105		Physiology/Pharmacology	5		
HSSA 115		Counseling I	4		
CREDITS REQUIRED FOR CERTIFICATE:		14			

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

Quarter and Year (	Certificate was con	npleted:   Fall	□ Winter □ S	oring	20
Name to be printed	d on Certificate:				
•		First	Middle	Last	
Mailing Address:					
· ·	Street/P.O. Box		City	Sta	nte Zip
If no mailing address	is provided, Certificate	may be picked up	at the Reception de	sk in the Student Servio	ces Bldg.
For Office Use:					
☐ Grades verified☐ Certificate Mailed			Processed	Ву:	