



### Short-Term Certificate

## Addiction Studies - Addictive Drugs Studies

#### Details

**Completion Award:** Short-Term Proficiency Certificate  
**Program Code (EPC):** SAAADC01

#### Program Coordinator (contact with questions)

Stacie Bell (360) 417-6377  
Office: M-109 [sbell@pencol.edu](mailto:sbell@pencol.edu)

**Student's Name:**

**Student ID Number:**

**Advisor:**

**Advisor's Signature:**

#### Learning Outcomes

1. Define addiction as a disease in a holistic perspective
2. Report the actions of drugs on the body

| Degree Requirements                      | Approved Substitutions | Name Of Course                  | Credits       | Credits Completed | In Progress Qtr/Yr |
|--|------------------------|---------------------------------|---------------|-------------------|--------------------|
| HSSA 101                                 |                        | Introduction to Addictive Drugs | 5/55          |                   |                    |
| HSSA 105                                 |                        | Physiology/Pharmacology         | 5/55          |                   |                    |
| HSSA 115                                 |                        | Counseling I                    | 4/44          |                   |                    |
| HSSA 150                                 |                        | Case Management                 | 3/33          |                   |                    |
| HSSA 190                                 |                        | DBHR HIV/AIDS                   | 1/11          |                   |                    |
| F A 100                                  |                        | Industrial First Aid            | 1/11          |                   |                    |
| <b>CREDITS REQUIRED FOR CERTIFICATE:</b> |                        |                                 | <b>19/209</b> |                   |                    |

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

**Quarter and Year Certificate was completed:**  Fall  Winter  Spring  Summer **20\_\_**

**Name to be printed on Certificate:** \_\_\_\_\_

*First*

*Middle*

*Last*

**Mailing Address:** \_\_\_\_\_

*Street/P.O. Box*

*City*

*State*

*Zip*

*If no mailing address is provided, Certificate may be picked up at the Reception desk in the Student Services Bldg.*

#### For Office Use:

Grades verified    Date Certificate Posted: \_\_\_\_\_    Processed By: \_\_\_\_\_

Certificate Mailed    or     Forwarded to Program Advisor