



## Addiction Studies - Youth Addiction Studies

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

Completion Award:Short-Term Proficiency CertificateStacie Bell(360) 417-6377Program Code (EPC):SAAYAC01Office: M-109sbell@pencol.edu

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

## **Learning Outcomes**

- 1. Explain variety of techniques and evidence-based programs for prevention
- 2. Distinguish best practices in counseling youth and their families

Degree Requirements	Approved Substitutions	Name Of Course	Credits	Credits Completed	In Progress Qtr/Yr
HSSA 105		Pharmacology	5/55		
HSSA 155		Youth CD Counseling	3/33		
HSSA 172		Cultural Diversity	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 <b>20</b>	
Name to be printed	d 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 Po	sted:	Processed By:		
☐ Certificate Mailed	d <i>or</i> □ Forwarded	to Program Advis	sor		