



**The Academy for Addiction Professionals**  
**6555 NW 9th Avenue, Suite 214**  
**Fort Lauderdale, FL 33309**  
**Phone: 954-771-2091 Fax: 954-771-2098**  
**Email: info@addictionacademy.com**

Date:		How did you hear about us?			
Name:		Home Phone:		Cell Phone:	
Street Address:		Apt #:	City:		State: Zip:
Employer:		Work Phone:		Email: personal, work:	
Street Address:		Suite #:	City:		State: Zip:
I plan to take courses to receive:				Highest Level of education:	
Emergency Contact:		Relation:		Phone:	
Type of payment: Check One In Full      Monthly Installment			Method of payment: Check One Cash      Credit Card      Check      Money Order		
Credit Card #:			V-Code:	Expiration Date:	

**I understand that my credit card / account will be charged for the course chosen above:**

**Certified Addiction Professional/Counselor/Specialist Course:**  
**\$285/month for 14 months or \$3,500 pre-pay**

**-OR-**

**Certified Behavioral Health Technician Course: \$500**

**-OR-**

**Online Continuing Education Course - 12 credits: \$250 (pay in full only)**

\_\_\_\_\_ Signature

\_\_\_\_\_ Printed Name