



PROJECT DIRECTOR STAFFING FORM

Note: If the Project Director and Facility Director are the same person, **only complete the Project Director form.**

FACILITY NAME: _____

Project Director's Name: _____

Date (or anticipated) of hire: _____



EDUCATION

Specific degree(s) obtained: _____

Year: _____

Certification (if applicable): _____

CAC full certification # and expiration date: _____

YEARS OF EXPERIENCE

Clinical	Drug/Alcohol Direct Services	Supervision

Resume, Degree and Transcript Submitted

I (the applicant) acknowledge that my signature is verification that I have completed this checklist truthfully and accurately, and I understand that my statements herein are made subject to the penalties of 18 Pa.C.S.§4904 (relating to unsworn falsification to authorities).

APPLICANT PRINT NAME

APPLICANT SIGNATURE

DATE