

ADMISSION REQUIREMENTS

POST GRADUATE CERTIFICATE PROGRAM IN ADOPTION THERAPY At the Hunter College School of Social Work

Applicants to the Post Graduate Certificate Program in Adoption Therapy are evaluated on the basis of their academic background, practical experience in the field and personal qualifications appropriate for effective application of the program studies. Please complete the following sections.

Section A: Background and Practical Experience

- Complete the Application for Admission form.
- Submit a current resume.
- Submit a copy of your graduate diploma

Section B: Essay

Answer the following questions (please be specific):

1. How will the Certificate Program prepare you to work with or enhance you work with adopted children and their families?
2. Based on your current knowledge of counseling/therapy in working with adopted children and their families, what theoretical/philosophical approaches make the most sense to you? Why?
3. What areas of study or research are of particular interest to you?

Your response should be typed, double-spaced, and limited to two pages per question.

Section C: References

- Provide two professional letters of reference. One letter should be from a clinical supervisor who is acquainted with your practical experience in the field. Both letters should speak to your professional qualifications. References may be contacted for additional information.

When you have completed and assembled all the information, send you application to:

Yvette Heyward
National Resource Center for Family-Centered Practice and Permanency Planning
Hunter College School of Social Work
129 East 79th Street, 7th Floor, Rm. 708
New York, NY 10021

Thank you for your interest in the Post Graduate Certificate Program in Adoption Therapy

POST GRADUATE CERTIFICATE PROGRAM IN ADOPTION THERAPY
HUNTER COLLEGE SCHOOL OF SOCIAL WORK

APPLICATION FOR ADMISSION

Please Provide the following information:

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Social Security #: _____ Birth date: _____

Employer: _____

Address: _____

E-mail: _____

Ethnic Back-ground:*

- Black, Non-Hispanic American Indian/Alaskan Hispanic
 White, Non-Hispanic Asian/Pacific Islander Other

Gender: Male Female

Citizenship: _____ **U.S. Resident Status:** _____

In case of an emergency please notify:

Name: _____ Contact No. _____

Education Background:

Colleges and Universities attended, most recent first.

Name of Institution	Location	Date Attended	Degree Earned or Awarded

How did you hear about Postgraduate Certificate Program? _____

Practice Information:

Which category best describes your practice setting?

- Public agency Community mental health organization
- Other _____
- Private practice Managed care network provider

Are you a licensed therapist or in **supervision** for licensure?

- YES NO In Supervision _____

With which board? _____

What client groups do you serve? _____

In what county do you practice? _____

Do you currently practice with adoptive families and/or adopted children?

- YES NO

Applicant Signature

Date

*Submission of this information if optional. It is used to determine the effectiveness of efforts to provide equal education opportunity. These are federally designated categories.

Please mail completed applications to:
National Resource Center for Family-Centered Practice and Permanency Planning ♦ Hunter College School of Social Work ♦ 129 East 79th Street, 7th Floor, Room 708 ♦ New York, NY, 10021 ♦ Attention: Yvette Heyward