PHYLLIS AND HARVEY SCHOOL OF SOCIAL WORK
FLORIDA ATLANTIC UNIVERSITY

Graduate Certificate in Addiction

APPLICATION

DATE: _____

NAME: _____ Z#: _____
MAILING ADDRESS: _____
_____
PHONE: (home)_____ (work or cell): _____
E-MAIL ADDRESS: _____
MAJOR: _____ DEGREE: _____ANTICIPATED DATE OF GRADUATION: _____

Please indicate your exact letter grade and semester completed for each required course.
Only accredited MSW courses are accepted to qualify for the certificate.
You must receive a "B" or greater in each one to qualify for the certificate.

Course	**Grade/ Semester**	**Course**	**Grade/ Semester**
Clinical Social Work with Families SOW 6611		Advanced Practice with Elders SOW 6646	
Advanced Practice with Adults SOW 6348		Psychopathology SOW 6125	
CBT SOW 6128		Behavioral and Process Addictions SOW 6714	
Interventions in Addiction SOW 6712		Integrative Field Seminar x2- Addiction Placement (600 hours) - SOW 6535/6536	

INTERNSHIP:

Agency: _____ # of Hours Completed: _____

Please complete and return by email, fax or in person to:

Addiction Professional Certificate Program
School of Social Work
Boca Campus SO 308
Fax: (561) 297-2866
Email tmarsha5@fau.edu

CERTIFICATE WILL BE MAILED TO YOUR HOME ADDRESS UPON VERIFICATION OF REQUIREMENTS AND GRADUATION.

WHEN YOU SUBMIT YOUR PLAN OF STUDY, PLEASE INDICATE YOU HAVE APPLIED FOR THE ADDICTION PROFESSIONAL CERTIFICATE IN ORDER TO HAVE YOUR TRANSCRIPTS UPDATED.

THIS SECTION TO BE COMPLETED BY SOCIAL WORK STAFF ONLY TO VERIFY YOUR GRADUATION

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Requirements Verified By: Date: _____

_____
Staff member: Print Name

_____
Signature