



RHODE ISLAND COLLEGE
SCHOOL OF SOCIAL WORK

**CERTIFICATE OF GRADUATE STUDIES IN
CHILD & ADOLESCENT TRAUMA**

MSW APPLICATION FORM 2019

Name: _____

Address: _____

Home Phone: _____ Mobile Phone: _____

DOB: _____ Email: _____

Current Major or Program (if applicable): _____

Degree(s) Awarded (if applicable): _____

Current Employer and Position (if applicable): _____

Name of first year, SW 500, field faculty
advisor (please alert them that they will
be contacted): _____

Signature and date: _____ Date: _____

(Endorsement: By signing on the line above, I give the CGS Review Committee permission to contact my first year field placement supervisor regarding my placement and activities, which may be used for consideration of my participation in the CGS. Also, this signature allows the review of my up-to-date academic transcripts while MSW Program at School of Social Work.)

Directions: Complete this form as accurately and completely as you can and attach (i) a short statement (up to 500 words) detailing the reason for your interest in the Trauma Certificate program; include any experience with a related population along with any significant life events that may affect your interaction with clients; (ii) a detailed resume of your academic and professional credentials and experience. For consideration, please return this form with accompanying documents by 11/15/19:

Daniel Harvey, LICSW, Director of Trauma CGS (dharvey@ric.edu)
Certificate in Graduate Studies (CGS) Program in Child & Adolescent Trauma
School of Social Work, Rhode Island College
600 Mount Pleasant Avenue
Providence, RI 02908

Office Use Only:

Date Received: _____ STATUS: Accept Denied Pending

Enrollment Term: _____