

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.**

**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 303  
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

Requirements Verified By: \_\_\_\_\_

Date: \_\_\_\_\_

Staff member: Print Name \_\_\_\_\_

Signature \_\_\_\_\_