

COUNCIL FOR RELATIONSHIPS
Post Graduate Certificate Training Program in Couple & Family Therapy
Application Form

Personal Information

Name: _____

Date: _____

Profession: _____

Social Security #: _____

Home Address: _____

City, State, Zip: _____

Cell phone: _____

Work phone: _____

Home phone: _____

Email address: _____

Date of birth: _____ Gender: _____

Race (please check): African-American Caucasian/White Asian/ Asian-American

American Indian/Alaska Native Hispanic/Latino Native Hawaiian/Pacific Rim

Multiracial Other

Religion (please check): Agnostic/Atheist Buddhist Catholic Hindu Muslim

Jewish Protestant Non-Religious Other

I am interested in:

<input type="checkbox"/>	Full Time Training (Mental Health Track): 1 Year
<input type="checkbox"/>	Part Time Training (Mental Health Track): Up to 7 Years
<input type="checkbox"/>	Congregational and Family Systems Academy Certificate Program: 2 Years
<input type="checkbox"/>	Part Time Training (Clergy Track): Up to 7 Years
<input type="checkbox"/>	Sex Therapy Certificate Program: 1 Year
<input type="checkbox"/>	Coursework only
<input type="checkbox"/>	Supervision only

Graduate Degrees:

Degree: _____

University: _____

Number of academic credits: _____

Dates: _____

Specialization: _____

Degree: _____

University: _____

Number of academic credits: _____

Dates: _____

Specialization: _____

Workshops or Non-Degree Training in Marriage, Couple, and Family Therapy:

Current Employment (if applicable):

Title:

Location:

Dates:

Description:

Previous Employment (if applicable):

Title:

Location:

Dates:

Description:

Supervised Counseling Experience:

Dates:

Location:

Client population:

Description of supervision:

Weekly hours:

Dates:

Location:

Client population:

Description of supervision:

Weekly hours:

How did you hear about Council for Relationships?

I'd like to receive information from the Council about other programs, courses, and activities.

Please send the following by e-mail to:

Tiffani Smoot, Academic Administrator, Post-Graduate Certificate Program in MFT

Council for Relationships

4025 Chestnut St. First Floor

Philadelphia, PA 19104

Tsmoot@CouncilforRelationships.org

1) Autobiography – 2 to 4 pages

The autobiography should include both personal and professional information that explains your life journey to being a therapist.

2) Transcript

Official transcripts of all your graduate course work.

3) References

Three letters of reference from individuals who know you both professionally and personally.

Application Fee:

A non-refundable \$50 application fee must accompany this form. Please make check payable to: Council for Relationships.