

**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 circle): African-American    Caucasian/White    Asian/ Asian-American	
American Indian/Alaska Native    Hispanic/Latino    Native Hawaiian/Pacific Rim	
Multiracial    Other:	
Religion (please circle): Agnostic/Atheist    Buddhist    Catholic    Hindi    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"/>	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?

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☐ 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](mailto: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.