COMPLETION OF GRADUATE CERTIFICATE PROGRAM

Certificate: Trauma: Clinical Bases of Treatment and Recovery

Student Name:

_____

Last First MI

_____

Address

_____

Date Submitted: _____

I have completed the following required courses (please check courses completed).

- ☐ PY618 Evidence Based Treatments of Trauma
- ☐ PY622 Trauma, Advocacy and Social Justice
- ☐ PY623 Strategies for Treating Grief and Bereavement
- ☐ PY630/631 Internship (at least 3 credits, at least150 hours)
- ☐ Elective Course:

_____

(Course and Title) **must be approved by adviser**

I am matriculated in a Graduate Program (Required):

- ☐ Arcadia Certificate (post masters' only) – 15 credits
- ☐ Master's Degree with concentration in Trauma: Clinical Bases of Treatment and Recovery

Note: Submit this completed form to the Office of Graduate Studies in Taylor Hall, Room 200

Approved by_____ **Date**_____

Dean of the College of Graduate Studies

Sent to Registrar's Office _____ **Date**_____