

Application for Adoption Certificate

In order to be eligible for the certificate, two 6-hour core courses plus one 3-hour elective will need to be completed from the course offerings below: Check the course you have completed as well as the month and year the course was taken. For a course to count toward the certificate, you must have attended the course in its entirety. No partial credit will be accepted. All three courses must be completed within two years of your first course. Submit this form *after* you have completed all courses.

| <u>Attended</u> | <u>Course Completed</u> | <u>Course Title</u> |
|--------------------------|-------------------------|---|
| <input type="checkbox"/> | Month_____ Year_____ | Understanding the Needs of Adopted Children & Families (6) CECH's - (Core) |
| <input type="checkbox"/> | Month_____ Year_____ | Treating & Supporting Adoptive Families (6) CECH's (Core) |
| <input type="checkbox"/> | Month_____ Year_____ | Assessing, Preparing, & Supporting Adoptive Families and Children to Achieve & Maintain Permanence (6) CECH's (Core) |
| <input type="checkbox"/> | Month_____ Year_____ | Working with Children Who Have Attachment Issues (3) CECH's - (Elective) |
| <input type="checkbox"/> | Month_____ Year_____ | Common Diagnosis & Essentials of Medication Management for Adopted Children (3) CECH's (Elective) |
| <input type="checkbox"/> | Month_____ Year_____ | Intervening with Families Whose Adoptions Are in Jeopardy (3) CECH's - (Elective) |
| <input type="checkbox"/> | Month_____ Year_____ | Adoption in the 21st Century (6) CECH's (Core) (3) CECH's - (Elective) |
| <input type="checkbox"/> | Month_____ Year_____ | Claiming Shame Resilience and Self - Compassion in Adoption and Foster Care (3) CECH's - (Elective) |
| <input type="checkbox"/> | Month_____ Year_____ | Moving Children in Adoption: Minimizing Trauma for Children and Families (3) CECH's - (Elective) |

Please complete the section below. Print Clearly.

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ E-mail: _____

License Number (if applicable): _____ State: _____

Return this form with a \$15 administration fee to:

MSU School of Social Work CE Program
14 Baker Hall
East Lansing, MI 48824

Checks and money orders payable to: **Michigan State University**
Credit card information:

MasterCard Visa Am. Express Discover

Card #:

_____-_____-_____-_____

V-code # (the last 3 or 4 digits on the back of your card): _____

Expiration Date: ____/____

Cardholder Name: _____

Signature: _____

Interoffice use

Date Received: _____

Payment: Credit/Check # _____

Issued by: _____

Courses Verified (list dates)

Certificate Approved By:

Date Issued: _____

7/3/13