



RHODE ISLAND COLLEGE  
SCHOOL OF SOCIAL WORK

**CERTIFICATE OF GRADUATE STUDIES IN  
CHILD & ADOLESCENT TRAUMA**

**MSW APPLICATION FORM 2021 for 2022 cohort**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

DOB: \_\_\_\_\_

Email: \_\_\_\_\_

Current Major or Program (if applicable): \_\_\_\_\_

Degree(s) Awarded (if applicable): \_\_\_\_\_

Current Employer and Position (if applicable): \_\_\_\_\_

Name of first year, SW 500, field faculty  
advisor (please alert them that they will  
be contacted): \_\_\_\_\_

Signature and date: \_\_\_\_\_ Date: \_\_\_\_\_

*(Endorsement: By signing on the line above, I give the CGS Review Committee permission to contact my first-year field placement supervisor regarding my placement and activities, which may be used for consideration of my participation in the CGS. Also, this signature allows the review of my up-to-date academic transcripts while MSW Program at School of Social Work.)*

**Directions:** Complete this form as accurately and completely as you can and attach (i) a short statement (up to 500 words) detailing the reason for your interest in the Trauma Certificate program; include any experience with a related population along with any significant life events that may affect your interaction with clients; (ii) a detailed resume of your academic and professional credentials and experience. For consideration, please return this form with accompanying documents by 12/10/2021 to:

Daniel Harvey, LICSW, Director of Trauma CGS (dharvey@ric.edu)  
**Certificate in Graduate Studies (CGS) Program in Child & Adolescent Trauma**  
**School of Social Work, Rhode Island College**  
**600 Mount Pleasant Avenue**  
**Providence, RI 02909**

<b>Office Use Only:</b>			
Date Received:	STATUS:	Accept	Denied      Pending
	Enrollment Term:		