



Application for Admission

Therapy with Adoptive and Foster Families Postgraduate Certificate Program

Admission Requirements

Applicants to the Therapy with Adoptive and Foster Families Postgraduate Certificate Program are evaluated on the basis of their academic background, practical experience in the field and personal qualifications appropriate for effective application of the program studies. A master's degree in a counseling-related field is required. Preference is given to licensed therapists. Please complete the following sections and return to Kellie Herold.

Section A: Background and Practical Experience

- Complete the Application for Admission form
- Submit a current resume.
- Submit a signed copy of the Oregon Department of Human Services policy on holding therapy.

Section B: Essay

Answer the following questions (please be specific):

- How will the Certificate Program prepare you to work with or enhance your work with adopted and foster children and their families?
- Based on your current knowledge of counseling/therapy in working with adopted and foster children and their families, what theoretical/philosophical approaches make the most sense to you? Why?
- What areas of study or research are of particular interest to you?

Your response should be typed, double-spaced, and limited to two pages per question.

Section C: References

- Provide two professional letters of reference. One letter should be from a clinical supervisor who is acquainted with your practical experience in the field. Both letters should speak to your professional qualifications. References may be contacted for additional information.

When you have completed and assembled all the information, send your application packet to:

Kellie Herold
Therapy with Adoptive and Foster Families Postgraduate Certificate Program
Portland State University Child Welfare Partnership
520 SW Harrison Street, Suite 440
Portland, Oregon 97201

Thank you for your interest in the Portland State University Therapy with Adoptive and Foster Families Postgraduate Certificate Program.

*Submission of this information is optional. It is used to determine the effectiveness of efforts to provide equal education opportunity. These are federally designated categories.

Please mail completed application to:
Kellie Herold ♦ Portland State University/Child Welfare Partnership ♦ 520 SW Harrison Street, Suite 440, Portland, OR 97201
♦ Phone 503-825-8539 ♦ Fax 503-725-8030

All application materials become the property of Portland State University



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1. Please provide the following information:

Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Telephone: Home _____ Work _____
 Social Security #: _____ Birth date: _____
 Employer: _____ Address: _____
 E-mail: Home: _____ Work: _____

2. Ethnic Background:*

Black, Non-Hispanic Hispanic American Indian/Alaskan
 White, Non-Hispanic Asian/Pacific Islander Other

3. Gender: Male Female 4. Citizenship: _____ U.S. Resident Status: _____

5: In case of an emergency please notify:

Address: _____
 City: _____ State: _____ Zip Code: _____
 Telephone: _____ (Home) _____ (Work)

6. Educational Background: Colleges and Universities attended, most recent first:

Name of Institution	Location	Date Attended	Degree Earned or Awarded

How did you hear about Portland State University and this program? _____

7. Practice Information:

Which category best describes your practice setting?

Public agency Community mental health organization Other, please
 Private practice Managed care network provider specify: _____

Are you a licensed therapist or in supervision for licensure? Yes ___ No ___ In Supervision ___

With which board? _____

What client groups do you serve? _____

Do you currently practice with adoptive and foster families and children? _____

In what county in Oregon do you practice? If out-of-state, which state: _____

Do you practice in a small/rural community (e.g. population <30,000)? _____

Do you accept the Oregon Health Plan medical card (or equivalent)? _____

Applicant Signature

Date

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Oregon Department of Human Services Policy on Holding Therapy

Due to the lack of conclusive, research-based data on treatment effectiveness and concern over several child deaths resulting from non-traditional treatment, Oregon's Department of Human Services does not approve of any type of attachment therapy that includes holding or restraining a child. Neither the Oregon Health Plan (OHP) nor the Adoption Assistance Program will provide coverage for any such treatment.

I have read and understand the DHS policy on holding therapy.

Signature: _____

Date: _____

Please sign and return with your completed application packet.

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