Portland State University
Graduate School of Education
Continuing Education

Kathy Lovrien - Graduate Certificates
PO Box 751, CEED
Portland OR 97207-0751

Graduate Certificate Application – Personal Statement

Name of Applicant:_____SSN____/_____/_____
Last First MI

Personal Statement
Describe your professional experience and academic background and identify why you believe you would be an effective professional Addictions Counselor or a Couples, Marriage and Family Counselor. Describe how this Certificate Program aligns with your professional goals. **SHOULD NOT BE MORE THAN 500 WORDS TYPED**