Application for Admission
Therapy with Adoptive and Foster Families Postgraduate Training Certificate Program

Admission Requirements

Applicants to the Therapy with Adoptive and Foster Families Postgraduate Training 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
PO Box 751, Mail code: CCF
Portland, Oregon 97207-0751

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

1. Please provide the following information:

Name: ___________________________________________ DOB __________________________
Address: ___________________________________________ State: __________________________
City: ___________________________ Zip Code: __________________________
Telephone: Home ___________ Work ___________ Cell __________________________
Employer: ___________________________________________ Address: __________________________
E-mail: Home: ___________________________ Work: __________________________

2: In case of an emergency please notify:

Address: ___________________________________________ State: __________________________
City: ___________________________ Zip Code: __________________________
Telephone: ___________________________ (Home) ___________________________ (Work)

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

<table>
<thead>
<tr>
<th>Name of Institution</th>
<th>Location</th>
<th>Date Attended</th>
<th>Degree Earned or Awarded</th>
</tr>
</thead>
</table>

4. How did you hear about Portland State University and this program? __________________________

5. Practice Information: Which category best describes your practice setting?

☐ Public agency  ☐ Community mental health organization  ☐ Other, please specify: __________________________

☐ Private practice  ☐ Managed care network provider

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)? ___________________________________________

______________________________________________________ Date

______________________________________________________

Applicant Signature

Please mail completed application to:
Kellie Herold  Portland State University/Child Welfare Partnership  PO Box 751, Mail code: CCF, Portland, OR 97207-0751
Phone 503-725-8539  Fax 503-725-2140
All application materials become the property of Portland State University
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.