

BOSTON UNIVERSITY
School of Social Work, 264 Bay State Road, Boston, MA 02215

TRAUMA CERTIFICATE PROGRAM

Application

(Please use back of sheet if needed, attach resume if you have one)

I. Name _____ Date _____
Address (local) _____ (home) _____

Phone (local) _____ (home) _____
e-mail _____
Full time ____ Part time ____ SEMA ____ TYNS ____ Charles River ____
Advanced Standing _____

II. Academic Data

Undergraduate Education – College _____
Major/Minor _____
Degree _____
Date Received _____ CUM GPA _____

Test Scores MAT ____ GRE ____ (If you took these tests)

BUSSW Academic Record GPA: _____

Year 1, Semester 1

Year 1, Semester 2 (Full time students list course information without grade)

Course# Title Instructor Grade

1.
2.
3.
4.
5.

Course # Title Instructor Grade

1.
2.
3.
4.
5.

Summer, Semester 3 (Part-time students only)

Course# Title Instructor Grade

1.
2.

Year 2, Semester 1 (Part-time students only)

Year 2, Semester 2 (Part-time students list course information without grade)

Course# Title Instructor Grade

1.
2.
3.

Course # Title Instructor Grade

1.
2.
3.

III. Previous Employment Experience (list place and dates of employment, position, main responsibilities, whether full or part-time, and whether paid or volunteer - attach vitae if you have one).

IV. Field Work - (First year field placement)

Agency _____ Supervisor _____

Description of cases carried and clinical work to date.

V. Description of past experience in trauma-related work, courses, training and workshops.

VI. Brief statement of reasons for applying to the Trauma Certificate Program

- a. Suggested topics include how you became interested in the trauma field, what you hope to learn in the program, and how this program might relate to your professional development.
- b. Please discuss your preparation for working in the trauma field including strategies for managing difficult material and self care.

VII. Please describe your professional career goals. What would you like to be doing two years from now, five years from now? Describe the setting, field of practice, special population served or social problem addressed, geographic location.

VIII. Anything else you would like the selection committee to know?

Attach copy of field work evaluation. Request references from your field supervisor AND one course instructor or your faculty advisor. Application DUE March 7th, 2012

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TRAUMA CERTIFICATE PROGRAM (TCP)
REFERENCE FROM FACULTY

The BUSSW *Trauma Certificate Program (TCP)* is available to second year clinical students who are interested in specializing in trauma-focused/trauma-informed clinical work. Students are required to enroll in clinical and HB electives which include trauma material and to select a field setting in which trauma is addressed. Decisions about admission will be made by a faculty committee. Since entry into the program is competitive, your reference is very important to us.

Student's Name: _____

Course(s) attended by this student: _____

What grade did the student receive in your course: _____

Check here if you are the student's advisor: _____

- 1) What academic and/or practice abilities would this student bring to the Trauma Certificate Program?

- 2) What evidence does the student give of ability to apply a trauma lens to social work practice and theory? Please give examples.

- 3) At present, does the student give evidence of an ability to handle working with and/or on behalf of traumatized populations? If yes, in ways?

- 4) Identify this student's strengths as relevant to trauma work.

- 5) Identify any limitations or areas that need to be developed which you see as relevant for trauma work.

- 6) What is your recommendation regarding this student?

____ Highly Recommend
____ Recommend
____ With Reservation
____ Do NOT Recommend

- 7) Is there anything else about this student that would be helpful to know?

Faculty Member's Name _____

Date _____

Signature _____

Title _____

Where you may be reached _____

Please email to Ellen DeVoe, Director Trauma Certificate Program, by March 7th 2012.

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TRAUMA CERTIFICATE PROGRAM (TCP)
REFERENCE FROM FIELD SUPERVISOR

The BUSSW *Trauma Certificate Program (TCP)* is available to second year clinical students who are interested in specializing in trauma-focused/trauma-informed clinical work. Students are required to enroll in clinical and HB electives which include trauma material and to select a field setting in which trauma is addressed. Decisions about admission will be made by a faculty committee. Since entry into the program is competitive, your reference is very important to us.

Student's Name: _____

First Year Field Agency: _____

- 1) Describe the primary tasks in which the student is involved in this placement. For clinical students, please describe the number and types of cases carried by the student. For macro students, please describe the activities and projects in which the student is involved.
- 2) What opportunities has the student had in the agency to learn about or related to social work with traumatized populations? (Examples include grand rounds, in-service training, seminars, lectures, etc.)
- 3) What practice abilities would this student bring to the Trauma Certificate Program?
- 4) At present, does the student give evidence of an ability to handle working with and/or on behalf of traumatized populations? If yes, in ways?
- 5) Identify this student's strengths as relevant to trauma work.
- 6) Identify any limitations or areas that need to be developed which you see as relevant for trauma work.
- 7) What is your recommendation regarding this student?
☐ Highly Recommend
☐ Recommend
☐ With Reservation
☐ Do NOT Recommend
- 8) Is there anything else about this student that would be helpful to know?

Supervisor's Name _____ Date_____

Signature _____

Title _____

Where you may be reached _____

Please email the completed reference form to Ellen DeVoe, Director Trauma Certificate Program by March 7th, 2012.