

Postgraduate Certificate in Clinical Supervision

REGISTRATION

Applications are accepted on an ongoing basis

Class size is limited

Name _____

Address _____

City	State	ZIP
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Phone:

Home: _____ Work: _____ Cell: _____

Email: _____ Fax: _____

Agency Name: _____

Job Title: _____

Degree: _____ Year: _____

Mail form and check to:

Marlene Scheer

Adelphi University

School of Social Work

One South Avenue, Box 701, Garden City, NY 11530

(516) 877-4343 scheer@adelphi.edu

PROGRAM FEES

Nonrefundable Application Fee- \$15*

Call for program cost.

Please be sure to include:

Application Fee

Resume

Brief Statement

Proof of Degree

2 Letters of Recommendation

*Application fees are non refundable.