THE NEW SCHOOL FOR SOCIAL RESEARCH HARM REDUCTION PSYCHOTHERAPY CERTIFICATE APPLICATION

APPLICATION PROCEDURE

Applicants interested in the Harm Reduction Psychotherapy certificate program must follow the guidelines on the Harm Reduction Psychotherapy website: www.newschool.edu/nssr/harm-reduction-psychotherapy-certificate-program. Email your completed application and materials to enroll@newschool.edu with the subject line "Harm Reduction Application". The deadline to apply for the program is July 1.

PROGRAM INFORMATION						
The term you are applying for begins:	□ Fall 20					
PERSONAL INFORMATION						
PREFIX FIRST NAME	MIDDLE NAME		LAST NAME	LAST NAME		
PREFERRED FIRST NAME	ALTERNATE FIRST NAME	ALTERNATE FIRST NAME		LTERNATE LAST NAME		
BIOGRAPHICAL INFORMATION						
Date of Birth: //						
Select: ☐ Female ☐ Male						
Have you served or are you serving in th	e U.S. Armed Forces: ☐ Yes	□No				
Select Citizenship: □ U.S. Citizen □ U	.S. Legal Permanent Resident	□ Non-U.S. Citizen (I	nternational Stu	udent)		
If you are not a U.S. Citizen, what is you	Nation of Citizenship:					
What languages do you speak, beginning	g with your first language:					
U.S. Legal Permanent Residents, please p	provide your alien registration n	umber on your green o	card:			
The university is asked by federal agenci you to answer the following two questio						
Are you Hispanic or Latino: ☐ Yes ☐	No					
What is your race (select one or more):	☐ American Indian or Alaska N☐ Native Hawaiian or Other Po		sian Vhite	□ Black or African American □ Prefer not to answer		
CONTACT INFORMATION						
EMAIL ALTERNAT	E EMAIL	MOBILE PHONE NUMBER		SKYPE NAME		

The New School Admission Office can send text messages to my cell phone:

Yes

MAILING ADDRESS			PERMANENT ADDRES	PERMANENT ADDRESS				
All correspondence will be sent to this address. Please make sure the university always has your most up-to-date contact information. Mail should be sent to this address: Always Until//		Secondary address where we will always be able to contact you.						
		Is your Mailing Address the same as your Permanent Address?: ☐ Yes ☐ No						
ADDRESS LINE 1			ADDRESS LINE 1					
ADDRESS LINE 2			ADDRESS LINE 2					
CITY	Sī	TATE ZIP	CITY		STATE	ZIP		
COUNTRY	Pł	HONE	COUNTRY		PHONE			
EMERGENCY CONTACT								
NAME	RE	ELATIONSHIP		PHONE (ENTER THE COUNTRY CODE	E AND PHONE NUM	BER)		
EDUCATION INFORMA	TION							
List the institution from unofficial transcripts.	which you earned, or expe	ect to earn, your Bac	chelor's degree (or internatio	nal equivalent) below.	Attach copi	es of your		
SCHOOL 1 NAME	СПУ		STATE	cou	NTRY			
ATTENDED FROM (MM/YYYY)	/ TO (MM/YYYY) ANTICIPATED OR.	/ ACTUAL GRADUATION DATE (MN	//YYYY) LANGUAGE OF INSTRUCTION	ON		SCHOOL CODE		
MAJOR								
What is your enrollment	status? 🗆 Currently E	Enrolled 🗆 Graduo	ated 🗆 Not enrolled, did	not graduate				
What is the degree type?	Bachelors degree	or international equi	ivalent ☐ Associates deg	ree 🛮 No degree	□ Other_			
List any other colleges yo academic record for each		earned a Master's d	legree, list that institution fir	rst. You must provide o	an unofficial	transcript or		
SCHOOL 2 NAME	CITY		STATE	COU	NTRY			
ATTENDED FROM (MM/YYYY)	/ TO (MM/YYYY) ANTICIPATED OR.	/ ACTUAL GRADUATION DATE (MN	A/YYYY) LANGUAGE OF INSTRUCTION	ON		SCHOOL CODE		
MAJOR								
What is your enrollment	status? 🗖 Currently E	Enrolled 🗆 Graduo	ated 🗆 Not enrolled, did	not graduate				
What is the degree type?	^o □ Master's degree or in □ Associates degree	ternational equivale	ent □ Bachelor's degree or in □ No degree	nternational equivalent	: □ Other_			
RECOMMENDER								
List the name of the reco attachment to enroll@ne		o will be submitting	j a letter. Please have your re	ecommendation provid	der email the	e letter as an		
FIRST NAME			LAST NAME					

ADDITIONAL REQUIRED MATERIALS

STATEMENT OF PURPOSE

Describe the influences in your life and the experiences you have had which have led you to apply to this program. Also describe your experiences if any with treating substance abuse in the field and how this program will be beneficial to you.

RESUME

Attach the current version of your resume or curriculum vitae to this application.

LICENSE

Attach a copy of your current license, for example LCSW, PhD, CASAC.

OTHER INFORMATION				
PRIOR CONTACT				
How did you hear about this pro ☐ College Fair/School Visit ☐ Magazine/Newspaper Article ☐ TV/Radio Ad	☐ College Reference Guide	☐ Counselor/Teacher☐ Search Engine	□ Email □ Social Media	☐ Magazine/Newspaper Ad ☐ The New School's Reputation
☐ Other:				
Have you attended any On-Cam ☐ Application seminar ☐ Meeting With Faculty ☐ Public Program	npus admission events at The N Campus Tour Open House	lew School? Select all that app □ Class Visit □ Performing Arts Audition	☐ Information Session	☐ Informational Interview ☐ Portfolio Prep
☐ Other:				
Have you attended any Off-Can ☐ College Fair ☐ Portfolio Day ☐ University Fair	npus New School admission ev □ Idealist Fair □ QS World Fair □ Webinar	rents? Select all that apply. Information Session Regional Audition	☐ Music Festival ☐ Regional Reception	□ Online Chat □ School Visit
☐ Other:				
Have you ever enrolled in any of	ther New School program or co	ourse (degree, nondegree, or c	ontinuing education)?	□ Yes □ No
DIVISION	DATES ATTENDED		STUDENT ID (IF KNOWN)	
Has any family member ever at	tended a division of The New S	School? □Yes □No		
NAME	RELATIONSHIP TO YOU	DIVISION	YEA	RS ATTENDED
Are you currently a faculty or sta	aff member at The New Schoo	l? □Yes □No		
If yes, what is your title/role and	d department?		DEPARTMENT	
Are you a child, spouse, or partn	er of an employee at The New	School?		
If yes, list the employee's name,	title, and department:	TITLE/	ROLE	DEPARTMENT

CERTIFICATION

I certify that all information in my application (including all supporting documents) is complete, accurate, and my own work. I understand that providing false or misleading information or failing to provide current and complete information can result in a withdrawal of an offer of admission, dismissal, or other disciplinary sanctions. I further understand that neither originals nor photocopies of this application, supporting documents, and other materials received by the Admission office will be returned to me.

			/	
SIGNATURE			DATE (MM/YYYY)	

Have you:

- Signed and dated this form
- Attached copies of your unofficial transcripts or contacted the appropriate schools and arranged for official transcripts to be sent
- Attached your resume, statement of purpose, and copy of your license

Official transcripts from previous institutions can be mailed to:

The New School for Social Research, Office of Admission (GF 300), 79 Fifth Avenue, 5th Floor, New York, NY 10003.

Alternatively, you may email your application and supporting documents to enroll@newschool.edu.

Inquires about the Harm Reduction Certificate and its structure and curriculum should be directed to harmreduction@newschool.edu.