THE NEW SCHOOL FOR SOCIAL RESEARCH

HARM REDUCTION PSYCHOTHERAPY CERTIFICATE APPLICATION FORM

INSTRUCTIONS

Applicants interested in enrolling in the Harm Reduction Certificate must follow the guidelines on the Harm Reduction Psychotherapy website: http://www.newschool.edu/nssr/harm-reduction-psychotherapy-certificate-program/

REQUIRED APPLICATION MATERIALS

- Application
- Transcripts
- **Statement of Purpose**
- Resume
- Recommendation Letters

Proof of English Proficiency

APPLICATION

Completed, signed, and dated application form (begins on page two of this document).

TRANSCRIPTS

All applicants must provide transcripts from all post-secondary (college/university) institutions attended. If transcripts are not in English, we require certified translations.

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 use in the field and how this program would be beneficial to you.

RÉSUMÉ

Applicants should submit the current version of their résumé or curriculum vitae.

RECOMMENDATION LETTERS

Two letters of recommendation are required. When possible, one recommendation should be from an instructor who has instructed the applicant in the same field in which he or she plans to study. One recommendation should be from an employer, preferably a clinical supervisor. Recommenders may email letters to harmreduction@newschool.edu.

PROOF OF ENGLISH PROFICIENCY

All applicants who are not U.S. Citizens or Permanent Residents are required to take the Test of English as a Foreign Language (TOEFL). Exempted from this requirement are applicants who have earned a 4-year degree from a U.S. College/University. Applicants who are citizens or legal permanent residents of Australia, Canada, Ireland, New Zealand, South Africa, and the United Kingdom whose native language is English are also exepted from this requirement.

TEST SCORES

TOEFL, **IELTS**, **and PTE**: All applicants whose first language is not English must submit valid TOEFL, IELTS, or PTE scores. The minimum score required for TOEFL (IB) is 100, for IELTS is 7.0, and for PTE is 68. Our TOEFL institution code is 2501.

The TOEFL/IELTS/PTE requirement may be waived for applicants who have earned a 4-year degree from a U.S. College or University, or for citizens of the following countries whose native language is also English: England, Scotland, Wales, Ireland, Australia, New Zealand, Canada, or South Africa.

Arrange for the testing service to send your test scores directly to The New School using the institution codes listed above. We accept scores taken within the past two years. If your scores are older, you must retake the test.

For more information, visit TOEFL at www.ets.org/toefl, IELTS at www.ielts.org, or PTE at www.pearsonpte.com.

IMPORTANT DATES AND DEADLINES

The application and supporting documents must be received no later than:

Fall Term Applicants: August 1

SUBMIT APPLICATION MATERIALS

Jenifer Talley Psychology Department Harm Reduction Certificate 80 5th Avenue, 6th Floor New York, NY 10011 Or, email documents to harmreduction@newschool.edu

IMPORTANT CONTACT INFORMATION

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

For more information about the Harm Reduction certificate, please visit http://www.newschool.edu/nssr/harmreduction-psychotherapy-certificate-program/

ADDITIONAL CONTACT INFORMATION

Email: harmreduction@newschool.edu Phone: 212.229.5727 x3256 Website: http://www.newschool.edu/ nssr/harm-reduction-psychotherapycertificate-program/

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APPLICATION

Mail or email documents to Jenifer Talley, Psychology Department, Harm Reduction Certificate, 80 5th Avenue, 6th Floor , New York, NY 10011. Carefully complete all requested information.

PERSONAL INFORMATION

PREFIX	LAST NAME/FAMILY NAME	FIRST NAME/GIVEN NAME	MIDDLE NAME	NAME ON TRANSCRIPT (IF DIFFERENT)			
MALE	G FEMALE	DATE OF BIRTH (MONTH/DAY/YEAR)					
EMAIL ADDRE	ESS						
MAILING ADI	DRESS (PLACE WHERE OFFICIAL CORRESPONDENCE	WILL BE SENT)					
STREET			APT NO.	VALID FROM-TO (MONTH/DAY/YEAR)			
CITY	STA	TE ZIP/POSTAL CODE	COUNTRY	TELEPHONE			
CELL PHONE							
PERMANENT	HOME ADDRESS (PLACE WHERE YOU WILL ALWAYS	BE ABLE TO BE CONTACTED)	AS MAILING ADDRESS				
STREET			APT NO.	EFFECTIVE DATE			
CITY	STA	TE ZIP/POSTAL CODE	COUNTRY	TELEPHONE			
EMERGENCY	CONTACT (IN CASE OF AN EMERGENCY						
STREET			APT. NO	EFFECTIVE DATE			
CITY	STA	TE ZIP/POSTAL CODE	COUNTRY	TELEPHONE			
Are you	a (check one): 🗖 U.S. Citizen	🗖 U.S. Legal Permanent Resident	Internation	nal Student			
lf you ch	necked Permanent Resident pleas	e provide your alien registration num	nber (on your green car	d):			
lf you ch	necked International Student what	is your:					
			CITIZENSHIP	FIRST LANGUAGE			
	, , ,	s. Your responses will not affect your	0	s. In order to respond to these requests, we ask			
Do you o	consider yourself to be Hispanic/I	Latino? 🗖 No 🗖 Yes					
In additi	on, select one or more of the fol	lowing racial categories to describe	yourself:				
AmeriWhite	ican Indian or Alaskan Native	Black or African AmericanAsian	Native Har	waiian or Other Pacific Islander			
The term	n you are applying for begins	Fall 20					
A TOEL, IELTS, or PTE score is required for all international students and for students whose native language is not English, with the following exception: A citizen of any of the following countries and your native language is English: United States, England, Wales, Scotland, Ireland, Australia, New Zealand, Canada, or South Africa. TOEFL, IELTS, or PTE is not required if you have earned a 4-year degree from a U.S. College/University.							

Exemption #1, Native language: _____ Exemption #2, Degree from U.S. College: _____

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EDUCATIONAL INFORMATION

List the institution from which you earned, your Bachelor's Degree (or international equivalent).

SCHOOL NAME	CITY/STATE/COUNTRY	PERIOD ATTENDED (MM/YY-MM/YY)	CEEB CODE NO.
0	ed, starting with the institution from which yo and year of entering and leaving, and list de		red by your Doctoral Degree, if earned, the
COLLEGE	CITY/STATE/COUNTRY	PERIOD ATTENDED (MM/YY-MM/YY)	DEGREE OBTAINED
COLLEGE	CITY/STATE/COUNTRY	PERIOD ATTENDED (MM/YY-MM/YY)	DEGREE OBTAINED
COLLEGE	CITY/STATE/COUNTRY	PERIOD ATTENDED (MM/YY-MM/YY)	DEGREE OBTAINED
MISCELLANEOUS			
Have you ever enrolled in any	other New School program or course (degree	e, non-degree, or continuing education)?	? 🗆 Yes 🗖 No
NAME OF DIVISION		DATES ATTENDED	STUDENT ID# (IF KNOWN)

How did you hear about The New S	School?		
🗖 Email	Magazine/Newspaper Advertisement	Magazine/Newspaper Article	
Online Advertisement	Search Engine	Social Media	
The School's Reputation	TV/Radio Advertisement	Word of Mouth (Friend/Family)	
□ The New School Website □ Referred by a teacher/advisor at my institution:		stitution:	
O Other:			

CERTIFICATION

All 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 will be returned to the applicant.

SIGNATURE

DATE