

# 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](http://www.newschool.edu/nssr/harm-reduction-psychotherapy-certificate-program). Email your completed application and materials to [enroll@newschool.edu](mailto: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 \_\_\_\_\_

PREFERRED FIRST NAME \_\_\_\_\_

ALTERNATE FIRST NAME \_\_\_\_\_

ALTERNATE LAST NAME \_\_\_\_\_

**BIOGRAPHICAL INFORMATION**

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM / DD / YYYY

Select: ☐ Female ☐ Male

Have you served or are you serving in the U.S. Armed Forces: ☐ Yes ☐ No

Select Citizenship: ☐ U.S. Citizen ☐ U.S. Legal Permanent Resident ☐ Non-U.S. Citizen (International Student)

If you are not a U.S. Citizen, what is your Nation of Citizenship: \_\_\_\_\_

What languages do you speak, beginning with your first language: \_\_\_\_\_

U.S. Legal Permanent Residents, please provide your alien registration number on your green card: \_\_\_\_\_

The university is asked by federal agencies to describe the racial/ethnic backgrounds of our students. In order to respond to these requests, we ask you to answer the following two questions. Your responses are voluntary and will not affect your application in any way.

Are you Hispanic or Latino: ☐ Yes ☐ No

What is your race (select one or more): ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American  
☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Prefer not to answer

**CONTACT INFORMATION**

EMAIL \_\_\_\_\_

ALTERNATE EMAIL \_\_\_\_\_

MOBILE PHONE NUMBER \_\_\_\_\_

SKYPE NAME \_\_\_\_\_

The New School Admission Office can send text messages to my cell phone: ☐ Yes ☐ No

**MAILING 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 \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM / DD / YYYY

ADDRESS LINE 1

ADDRESS LINE 2

CITY

STATE

ZIP

COUNTRY

PHONE

**PERMANENT ADDRESS**

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 2

CITY

STATE

ZIP

COUNTRY

PHONE

**EMERGENCY CONTACT**

NAME

RELATIONSHIP

PHONE (ENTER THE COUNTRY CODE AND PHONE NUMBER)

**EDUCATION INFORMATION**

List the institution from which you earned, or expect to earn, your Bachelor's degree (or international equivalent) below. Attach copies of your unofficial transcripts.

SCHOOL 1 NAME

CITY

STATE

COUNTRY

\_\_\_\_/\_\_\_\_/\_\_\_\_  
ATTENDED FROM (MM/YYYY)\_\_\_\_/\_\_\_\_/\_\_\_\_  
TO (MM/YYYY)\_\_\_\_/\_\_\_\_/\_\_\_\_  
ANTICIPATED OR ACTUAL GRADUATION DATE (MM/YYYY)

LANGUAGE OF INSTRUCTION

SCHOOL CODE

MAJOR

What is your enrollment status? ☐ Currently Enrolled ☐ Graduated ☐ Not enrolled, did not graduate

What is the degree type? ☐ Bachelors degree or international equivalent ☐ Associates degree ☐ No degree ☐ Other\_\_\_\_\_

List any other colleges you attended below. If you earned a Master's degree, list that institution first. You must provide an unofficial transcript or academic record for each institution reported.

SCHOOL 2 NAME

CITY

STATE

COUNTRY

\_\_\_\_/\_\_\_\_/\_\_\_\_  
ATTENDED FROM (MM/YYYY)\_\_\_\_/\_\_\_\_/\_\_\_\_  
TO (MM/YYYY)\_\_\_\_/\_\_\_\_/\_\_\_\_  
ANTICIPATED OR ACTUAL GRADUATION DATE (MM/YYYY)

LANGUAGE OF INSTRUCTION

SCHOOL CODE

MAJOR

What is your enrollment status? ☐ Currently Enrolled ☐ Graduated ☐ Not enrolled, did not graduate

What is the degree type? ☐ Master's degree or international equivalent ☐ Bachelor's degree or international equivalent ☐ Associates degree ☐ No degree ☐ Other\_\_\_\_\_

**RECOMMENDER**

List the name of the recommendation provider who will be submitting a letter. Please have your recommendation provider email the letter as an attachment to enroll@newschool.edu.

FIRST NAME

LAST NAME

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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.

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

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

## PRIOR CONTACT

<input type="checkbox"/> College Fair/School Visit	<input type="checkbox"/> College Reference Guide	<input type="checkbox"/> Counselor/Teacher	<input type="checkbox"/> Email	<input type="checkbox"/> Magazine/Newspaper Ad
<input type="checkbox"/> Magazine/Newspaper Article	<input type="checkbox"/> Online Ad	<input type="checkbox"/> Search Engine	<input type="checkbox"/> Social Media	<input type="checkbox"/> The New School's Reputation
<input type="checkbox"/> TV/Radio Ad	<input type="checkbox"/> Word of Mouth			

☐ Other:\_\_\_\_\_

<input type="checkbox"/> Application seminar	<input type="checkbox"/> Campus Tour	<input type="checkbox"/> Class Visit	<input type="checkbox"/> Information Session	<input type="checkbox"/> Informational Interview
<input type="checkbox"/> Meeting With Faculty	<input type="checkbox"/> Open House	<input type="checkbox"/> Performing Arts Audition	<input type="checkbox"/> Portfolio Day	<input type="checkbox"/> Portfolio Prep
<input type="checkbox"/> Public Program				

☐ Other:\_\_\_\_\_

<input type="checkbox"/> College Fair	<input type="checkbox"/> Idealist Fair	<input type="checkbox"/> Information Session	<input type="checkbox"/> Music Festival	<input type="checkbox"/> Online Chat
<input type="checkbox"/> Portfolio Day	<input type="checkbox"/> QS World Fair	<input type="checkbox"/> Regional Audition	<input type="checkbox"/> Regional Reception	<input type="checkbox"/> School Visit
<input type="checkbox"/> University Fair	<input type="checkbox"/> Webinar			

☐ Other: \_\_\_\_\_

Have you ever enrolled in any other New School program or course (degree, nondegree, or continuing education)? ☐ Yes ☐ No

DIVISION	DATES ATTENDED	STUDENT ID (IF KNOWN)
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Has any family member ever attended a division of The New School? ☐ Yes ☐ No

NAME	RELATIONSHIP TO YOU	DIVISION	YEARS ATTENDED
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Are you currently a faculty or staff member at The New School? ☐ Yes ☐ No

If yes, what is your title/role and department? \_\_\_\_\_

TITLE/ROLE	DEPARTMENT
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Are you a child, spouse, or partner of an employee at The New School? ☐ Yes ☐ No

If yes, list the employee's name, title, and department: \_\_\_\_\_

NAME	TITLE/ROLE	DEPARTMENT
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**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.

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SIGNATURE

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/ 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](mailto:enroll@newschool.edu).

Inquires about the Harm Reduction Certificate and its structure and curriculum should be directed to [harmreduction@newschool.edu](mailto:harmreduction@newschool.edu).