



## Certificate Program Registration Form

### Child Sexual Abuse Treatment & Early Childhood Mental Health

#### *Cultivating Ideas*

Last Name: \_\_\_\_\_ Credentials (PhD, PsyD, MSW, etc.) \_\_\_\_\_

First Name: \_\_\_\_\_ Preferred Title (Dr., Ms., etc.): \_\_\_\_\_

Educational Institution \_\_\_\_\_ Field \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

e-mail: \_\_\_\_\_

Tel: \_\_\_\_\_  Home  Cell  Office Tel: \_\_\_\_\_  Home  Cell  Office

Select one of the following Certificate Program options: (Please mail or fax your form to the Post Graduate Center, Institute for Graduate Clinical Psychology, Widener University, One University Place, Chester, PA 19013-5792, f: 610-499-4625).

**Childhood Sexual Abuse Certificate** Yes  No

I have a Masters degree

Start Date: \_\_\_\_\_  
(Date of first workshop)

Note: Registrants must complete this program within 12 to 24 months from the start date listed above.

**Early Childhood Mental Health Certificate Program** Yes  No

Enrollment Year \_\_\_\_\_ Job Title \_\_\_\_\_

Agency \_\_\_\_\_

Brief Description of Job Duties and Population Served:

CE Credits needed in what field (Underline your choice): Psychology; Social Work; Nursing; MFT; LPC

**Note: The enrollment deadline for the ECMH program is July 1<sup>st</sup> of each year.**