

## **MSW Specialization and Advanced Certificate Request Form**

Student Name:		ID:		
Email Address:		Cell phone:		
Enrolled in:				
36 Credit Hour Program	60 Credit Hour Progr	am Credits earned to da	ate:	

*Specializations:* program additions that are embedded within your degree program. Options include:

- Evidence Based Practice in Mental Health: SWK\*654, SWK\*656, SWK\*657
- Aging: PSY\*554, PSY\*555, RES\*566
- Play Therapy: CAT\*684, CAT\*694, CAT\*695
- School Social Work: EDU\*583, EDU\*593, SWK\*052, CAT\*684, SWK\*653, SWK\*660
- Trauma Informed Care: HHS\*574, HHS\*651, SWK\*653
- Substance Abuse: SWK\*515, SWK\*615, SWK\*625

*Advanced Certificates:* standalone certificate programs approved by New York State. Options include:

- Early Intervention:, INEC\*500 (three 1-credit seminars), plus INEC\*501, INEC\*502, INEC\*504, SWK\*563
- I-SPAN Interdisciplinary Specialty Program in Autism: AUT\*660, AUT\*661, AUT\*662

## Select below the Specialization or Advanced Certificate program requested

<b>NOTE:</b> Typical term offering cycles for each course are listed in course descriptions (Student Planning).				
Please add required courses to your Course Plan in the intended term to help departments assess demand.				
Specialization	Advanced Certificate			
Evidence-Based Practice in Mental Health	Early Intervention			
Aging	I-SPAN Program in Autism			
Play Therapy				
School Social Work	How Advanced Certificate shows on transcript:			
Trauma Informed Care	Degree Received: Professional Date Conferred.: 12/15/2023 Majors: Adv Cert-Specialty Prog Autis			
Substance Abuse	Degree Received: Master of Social Work Date Conferred.: 12/15/2023 Majors: Social Work GR			
How Specialization shows on transcript: Degree Received: Master of Social Work Date Conferred.: 12/15/2023 Majors: Social Work GR Specializations: Evidence-Bsd Pract Mental Hlth				

By signing below (pending advisor approval) I am requesting to add the above noted specialization or advanced certificate. If I choose *not* to complete the program addition selected, I understand I must notify my advisor as well as Registration & Records at registrar@naz.edu, and that not providing this notification may delay program completion.

Student Signature

Date

Advisor Approval

Date