



**Email completed form to the Nazareth Records & Registration Office:
registrar@naz.edu**

MSW Specialization and Advanced Certificate Request Form

Student Name:	ID:
Email Address:	Cell phone:
Enrolled in:	
36 Credit Hour Program	60 Credit Hour Program
Credits earned to date:	

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

- Evidence Based Practice in Mental Health: SWK*654, SWK*656, SWK*657
- Gerontology: PSY*534, 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

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

<p>Specialization</p> <p>Evidence-Based Practice in Mental Health</p> <p>Gerontology</p> <p>Play Therapy</p> <p>School Social Work</p> <p>Trauma Informed Care</p> <p><i>Sample transcript Specialization:</i></p> <p>Degree Received: Master of Social Work Date Conferred.: 12/15/2023 Majors.....: Social Work GR Specializations: Evidence-Bsd Pract Mental Hlth</p>	<p>Advanced Certificate</p> <p>Early Intervention</p> <p>I-SPAN Program in Autism</p> <p>List below how you want your name listed on your certificate upon program completion:</p> <p><i>Sample transcript Advanced Certificate:</i></p> <p>Degree Received: Professional Date Conferred.: 12/15/2023 Majors.....: Adv Cert-Specialty Prog Autism Degree Received: Master of Social Work Date Conferred.: 12/15/2023 Majors.....: Social Work GR</p>
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By signing below (pending faculty approval) I am requesting to add the above noted specialization(s) or advanced certificate(s). If I choose to *not* complete any of the program additions selected, I understand I must notify Registrar & Records at registrar@naz.edu, and that not providing this notification may delay program completion.

Student Signature

Date

Advisor Approval

Date