IMPORTANT

 IF YOU WANT THE

$101 PER NIGHT

SPECIAL ROOM RATE AT THE HILTON,

YOU MUST MAKE YOUR RESERVATION

BY FEBRUARY 20th!

DETAILS ON PAGE 7

GEORGIA ASSN. FOR PLAY THERAPY

ANNUAL CONFERENCE AND MEETING

MARCH 13TH TOPIC

*BLENDING PLAY THERAPY*

*WITH THE FIVE LOVE LANGUAGES*

MARCH 14TH TOPIC

*USING PLAY THERAPY WITH*

*ADOLESCENTS AND ADULTS*

OUR SPEAKER IS DIANE FREY Ph.D.

AUTHOR AND LECTURER ON PLAY THERAPY

**SPONSOR:** THE GEORGIA ASSOCIATION FOR PLAY THERAPY

**LOCATION:** HILTON ATLANTA NORTHEAST

5993 PEACHTREE INDUSTRIAL BLVD.

NORCROSS, GEORGIA 3009

770 - 447 - 4747

REGISTRATION DEADLINE IS FRIDAY MARCH 6 AT 7 PM

**OR WHEN WORKSHOP REACHES MAXIMUM CAPACITY**

REGISTRATION AT THE DOOR IS **NOT** AVAILABLE

ADA ACCOMMODATIONS WILL BE MADE IN ACCORDANCE WITH THE LAW. IF YOU REQUIRE ADA ACCOMMODATIONS, PLEASE CONTACT PATRICK CONNORS (770-595-0685) AT LEAST TWO WEEKS BEFORE THE CONFERENCE DATE SO THAT ARRANGEMENTS CAN BE MADE.

PICTURES - GAPT RESERVES THE RIGHT TO TAKE PICTURES DURING THE CONFERENCE AND USE THEM FOR PLAY THERAPY PROMOTIONAL PURPOSES. BY YOUR ATTENDANCE AT THE CONFERENCE YOU GRANT GAPT PERMISSION TO USE YOUR IMAGE FOR SUCH PROMOTIONAL PURPOSES.

12 HOURS OF CONTINUING EDUCATION CREDITS AVAILABLE

THE CONFERENCE IS CO-SPONSORED BY THE GEORGIA ASSOCIATION FOR PLAY THERAPY AND THE INSTITUTE FOR CONTINUING EDUCATION. THE PARTICIPANT IS OFFERED 6.0 HOURS OF CONTINUING EDUCATION CREDIT PER DAY WITH FULL DAILY ATTENDANCE REQUIRED. THE CONTINUING EDUCATION PROCESSING FEE IS $25 PER PERSON AND MAY BE PAID WITH THE REGISTRATION FEE. CE APPLICATIONS WILL BE AVAILABLE ON SITE. CE VERIFICATION IS MAILED TO PARTICIPANTS FOLLOWING THE EVENT. IF YOU HAVE QUESTIONS REGARDING THE PROGRAM, AGENDA, SPEAKERS, LEARNING OBJECTIVES, GRIEVANCE ISSUES, PLEASE CONTACT THE INSTITUTE AT: INSTCONTED@AOL.COM. IT IS THE RESPONSIBILITY OF ATTENDEES TO CHECK WITH THEIR STATE BOARD/LICENSING AUTHORITY TO DETERMINE IF CE CREDIT OFFERED BY THE INSTITUTE FOR CONTINUING EDUCATION MEETS THE REGULATIONS OF THEIR BOARD.

**THE FOLLOWING CE CREDIT IS OFFERED BY**

**THE INSTITUTE FOR CONTINUING EDUCATION:**

**PSYCHOLOGY:** THE INSTITUTE FOR CONTINUING EDUCATION IS APPROVED BY THE AMERICAN PSYCHOLOGICAL ASSOCIATION (APA) TO SPONSOR CONTINUING EDUCATION FOR PSYCHOLOGISTS. THE INSTITUTE MAINTAINS RESPONSIBILITY FOR THE PROGRAM AND ITS CONTENTS.

**COUNSELING:** THE INSTITUTE FOR CONTINUING EDUCATION AND GAPT ARE COSPONSORS OF THIS PROGRAM. THIS CO-SPONSORSHIP HAS BEEN APPROVED BY NBCC. THE INSTITUTE FOR CONTINUING EDUCATION IS AN NBCC APPROVED CONTINUING EDUCATION PROVIDER, ACEP PROVIDER NO. 5643. THE INSTITUTE FOR CONTINUING EDUCATION SOLELY IS RESPONSIBLE FOR THIS PROGRAM, INCLUDING THE AWARDING OF NBCC CREDIT.

**SOCIAL WORK:** THIS PROGRAM HAS BEEN APPROVED FOR 12.00 SOCIAL WORK CONTINUING EDUCATION HOURS FOR RE-LICENSURE, IN ACCORDANCE WITH 258 CMR, NASW-MA CHAPTER OF CE APPROVING PROGRAM. AUTHORIZATION

NO. D-81348-1 / D-81348-2.

**MARRIAGE AND FAMILY THERAPY:** THE INSTITUTE IS AN APPROVED PROVIDER OF CONTINUING EDUCATION FOR MARRIAGE/FAMILY THERAPY BY THE FLORIDA DEPT. HEALTH, DIVISION MENTAL HEALTH, COUNSELING, AND MFT, PROVIDER BAP 255, EXPIRATION 03/2019.

**NURSING:** THE INSTITUTE FOR CONTINUING EDUCATION IS AN ACCREDITED PROVIDER IN NURSING BY THE ALABAMA BOARD OF NURSING, PROVIDER NO. 1124.

**PLAY THERAPY:** THE INSTITUTE IS APPROVED BY THE ASSOCIATION FOR PLAY THERAPY TO OFFER CONTINUING EDUCATION SPECIFIC TO PLAY THERAPY.

APT PROVIDER #98-040.

**ETHICS CREDIT:** ETHICS CREDIT IS NOT OFFERED FOR THIS PROGRAM.

DIANE FREY Ph.D.

ABSTRACT AND OBJECTIVES

*BLENDING PLAY THERAPY*

*WITH THE FIVE LOVE LANGUAGES*

FRIDAY MARCH 13TH ABSTRACT:

BLENDING THE 5 LOVE LANGUAGES WITH PLAY THERAPY

THIS WORKSHOP WILL FOCUS ON THE IMPORTANCE OF THE RELATIONSHIP IN PLAY THERAPY AND HOW TO ENHANCE IT USING THE 5 LOVE LANGUAGES, THE THERAPEUTIC RELATIONSHIP CORRELATES MORE HIGHLY WITH OUTCOME THAN DO SPECIALIZED TREATMENT TECHNIQUES. THESE 5 LOVE LANGUAGES INCLUDE QUALITY TIME, WORDS OF AFFIRMATION, GIFTS, ACTS OF SERVICE, AND ETHICALLY APPROPRIATE PHYSICAL CONTACT. PARTICIPANTS WILL LEARN HOW TO ASSESS THEIR LOVE LANGUAGE PREFERENCE AND THE LOVE LANGUAGES OF CHILD, ADOLESCENT, AND ADULT CLIENTS. PARTICIPANTS WILL LEARN THE LOVE LANGUAGE MYSTERY GAME AS WELL AS SPECIFIC PLAY THERAPY TECHNIQUES FOR EACH OF THE FIVE LOVE LANGUAGES ACROSS ALL AGES. TECHNIQUES TO ENGAGE PARENTS IN USING THE LOVE LANGUAGES WILL ALSO BE REVIEWED.

OBJECTIVES:

1. STATE THE IMPORTANCE OF RELATIONSHIPS IN PLAY THERAPY.
2. LIST THE 5 LOVE LANGUAGES.
3. IDENTIFY STRATEGIES TO ASSESS LOVE LANGUAGE AS WELL AS THE LOVE LANGUAGES OFCLIENTS AND PARENTS OF CLIENTS.
4. DESCRIBE AT LEAST ONE PLAY THERAPY TECHNIQUE FOR EACH OF THE 5 LOVE LANGUAGES FOR EACH AGE RANGE - CHILDREN, ADOLESCENTS, AND ADULTS FOR A TOTAL OF 30 TECHNIQUES
5. DESCRIBE STRATEGIES THAT APPLY THE 5 LOVE LANGUAGES IN PLAY THERAPY WITH PARENTS OFCLIENTS

*USING PLAY THERAPY*

*WITH ADOLESCENTS AND ADULTS*

SATURDAY MARCH 14TH ABSTRACT:

USING PLAY THERAPY WITH ADOLESCENTS AND ADULTS

THIS WORKSHOP WILL FOCUS ON THE VALUE OF PLAY FOR ADOLESCENTS AS WELL AS ADULTS.  FOCUS WILL ALSO BE ON THE BENEFITS OF PLAY FOR THESE POPULATIONS. THE UNIQUE CHARACTERISTICS OF ADOLESCENTS AND THEREFORE THE BENEFITS OF PLAY THERAPY FOR THEM WILL BE REVIEWED. THE POPULATION OF ADULTS FOR WHOM PLAY THERAPY IS ESPECIALLY EFFECTIVE WILL BE DISCUSSED AS WELL AS CONTRAINDICATIONS. SPECIFIC USES OF PLAY THERAPY FOR THESE POPULATIONS WILL BE REVIEWED.  AT LEAST 18 PLAY THERAPY TECHNIQUES WILL BE DISCUSSED.  PARTICIPANTS WILL HAVE THE OPPORTUNITY TO EXPERIENCE MANY OF THE TECHNIQUES.

OBJECTIVES:

1. LIST AT LEAST THREE BENEFITS OF PLAY THERAPY FOR ADOLESCENTS AND ADULTS.
2. LIST AT LEAST 5 SPECIALIZED POPULATIONS FOR WHOM PLAY THERAPY IS EFFECTIVE.
3. LIST AT LEAST 6 USES OF PLAY THERAPY FOR ADOLESCENTS AND ADULTS.
4. DESCRIBE AT LEAST 2 CONTRAINDICATIONS FOR USING PLAY THERAPY WITH ADOLESCENTS AND ADULTS
5. IDENTIFY AT LEAST 9 PLAY THERAPY TECHNIQUES FOR ADOLESCENTS AND ADULTS.

BIOGRAPHY:

DR. DIANE FREY EARNED HER Ph.D. IN COUNSELING FROM THE UNIVERSITY OF ILLINOIS AND HAS BEEN A PROFESSOR OF COUNSELING AT WRIGHT STATE UNIVERSITY IN DAYTON, OHIO SINCE 1970. SHE HAS BEEN IN PRIVATE PRACTICE FOR OVER 48 YEARS AND IS A LICENSED PSYCHOLOGISTS IN OHIO.

FOR 12 YEARS SHE SERVED ON THE BOARD OF APT AND WAS HONORED AT APT’S INTERNATIONAL CONFERENCE BY RECEIVING THE LIFETIME ACHIEVEMENT AWARD.

DR. FREY WAS A MEMBER OF THE EDITORIAL BOARD FOR THE INTERNATIONAL JOURNAL OF PLAY THERAPY AND HAS WRITTEN NUMEROUS BOOKS, MONOGRAPHS, AND ARTICLES. THROUGHOUT HER CAREER, DIANE HAS MANY TELEVISION AND RADIO APPEARANCES. SHE HAS CONDUCTED NATIONAL AND INTERNATIONAL SEMINARS ON *SELF-ESTEEM, STRESS MANAGEMENT, CONFLICT MANAGEMENT, THE EMOTIONAL NEEDS OF THE GIFTED, EATING DISORDERS, GROUP THERAPY, CHILD ABUSE AND NEGLECT, VIDEO THERAPY, EMOTIONAL INTELLIGENCE,* AND *ANGER MANAGEMENT STRATEGIES IN PLAY THERAPY*

WHO SHOULD ATTEND:

SCHOOL COUNSELORS AND PSYCHOLOGISTS, NURSES, COUNSELORS, MFT’S, PLAY THERAPISTS, SOCIAL WORKERS, PSYCHOLOGISTS, CHILD LIFE SPECIALISTS, ALCOHOL AND DRUG ABUSE COUNSELORS, ART THERAPISTS, MENTAL HEALTH GRAD STUDENTS, AND PASTORAL COUNSELORS. THERE IS NO PREREQUISITE FOR THIS CONFERENCE EXCEPT THAT YOU MUST BE A MENTAL HEALTH PROFESSIONAL WITH AN ADVANCED DEGREE IN A MENTAL HEALTH RELATED FIELD OR BE WORKING ON IT.

SKILL LEVEL: BEGINNING, INTERMEDIATE, AND ADVANCED

PROCRASTINATORS BEWARE!

PLEASE UNDERSTAND THAT THE FIRE MARSHALL AND LOCAL ORDINANCES LIMIT REGISTRATION. THERE ARE NO SPECIAL EXCEPTIONS.

A WAIT LIST WILL BE STARTED WHEN EACH DAY IS FILLED. IT IS IMPOSSIBLE TO PREDICT WHEN THAT WILL OCCUR. THE 2019 CONFERENCE WITH GARY LANDRETH SOLD OUT TWO WEEKS BEFORE THE OFFICIAL END OF REGISTRATION.

WE RECOMMEND YOU REGISTER EARLY

SCHEDULE FOR 2020 CONFERENCE

FRIDAY

SIGN IN 8:15 - 8:45 AM

GAPT ANNUAL MEETING 8:45 – 9:00 AM

DR. DIANE FREY 9 AM - NOON (15 MINUTE BREAK AT 10:30)

LUNCH NOON - 1:00 PM (INCLUDED IN YOUR FEE)

DR. DIANE FREY 1 - 4:30 PM (15 MINUTE BREAK AT 3 PM)

SIGN OUT 4:30 PM

SATURDAY

SIGN IN 8:15 - 8:45 AM

DR. MARILYN SNOW 8:45 – 9:00 AM

DR. DIANE FREY 9 AM - NOON (15 MINUTE BREAK AT 10:30)

LUNCH NOON - 1:00 PM (INCLUDED IN YOUR FEE)

DR. DIANE FREY 1 - 4:30 PM (15 MINUTE BREAK AT 3 PM)

SIGN OUT 4:30 PM

WHAT YOU NEED TO KNOW BEFORE YOU REGISTER

STAYING AT THE HOTEL:

GAPT PARTICIPANTS ARE ENTITLED TO A SPECIAL DISCOUNTED ROOM RATE OF $101 PER NIGHT. YOU WILL NEED TO MAKE YOUR HOTEL RESERVATIONS BY TELEPHONE DIRECTLY AT 770 - 447 - 4747 OR CLICKING ON THIS LINK.

<http://www.hilton.com/en/hi/groups/personalized/A/ATLHPHF-GAPT20-20200312/index.jhtml?WT.mc_id=POG>

THE DEADLINE TO TAKE ADVANTAGE OF THIS DISCOUNT IS FEBRUARY 20

BE SURE TO INDICATE THAT YOU WANT THE SPECIAL GAPT RATE FOR PARTICIPANTS AT THE EVENT. IF YOU ARE TOLD THAT THERE IS NO SPECIAL RATE AVAILABLE, PLEASE CALL SANDI FRANKLIN AT 678 - 533 - 3320.

LUNCH IS INCLUDED IN YOUR FEE. IT WILL BE A DELICIOUS BUFFET LUNCH WITH SEVERAL VEGETARIAN OPTIONS PLUS GREAT DESERTS!

CANCELLATION POLICY:

CANCEL BEFORE MARCH 6 AND A FULL REFUND WILL BE SENT AFTER THE CONFERENCE ON MARCH 16, 2020.

CANCEL BETWEEN MARCH 6 - MARCH 11 AND 50% IS FORFEITED. THE OTHER 50% BECOMES A CREDIT TO A FUTURE GAPT EVENT.

CANCEL BETWEEN MARCH 12 - 14 AND THERE IS NO REFUND OR CREDIT.

ALL CORRESPONDENCE REGARDING CANCELLATIONS, CREDITS, REFUNDS, ETC. MUST BE MADE IN WRITING AND CAN BE EMAILED TO TRUDYPOSTSPRUNK@CHARTER.NET

GAPT HAS A LONG-STANDING POLICY WHEREBY ON A CASE-BY-CASE BASIS, THE BOARD REVIEWS REQUESTS FOR REFUND OR CREDIT WHICH DO NOT FIT OUR NORMAL CRITERIA. EXAMPLES WOULD INCLUDE BUT NOT BE LIMITED TO ACTS-OF-GOD.

NOTIFICATION THAT YOUR REGISTRATION HAS BEEN RECEIVED AND APPROVED WILL BE SENT TO THE EMAIL ADDRESS YOU PROVIDE ON YOUR REGISTRATION FORM.

YOUR NOTIFICATION WILL BE SENT WHEN YOUR CHECK HAS BEEN DEPOSITED OR YOUR CREDIT CARD HAS BEEN APPROVED.

WE BEGIN ACCEPTING REGISTRATIONS ON JANUARY 27, 2020.

HOW TO REGISTER

PATRICK CONNORS WILL HANDLE THE REGISTRATION. IT WILL BE SIMILAR TO THE PAST. YOU HAVE TWO OPTIONS TO REGISTER AS FOLLOWS.

OPTION 1. MAIL YOUR CHECK OR CREDIT CARD INFORMATION WITH YOUR REGISTRATION FORM (ALSO THE STUDENT DISCOUNT FORM IF APPLICABLE), TO…

PATRICK CONNORS, 313 WYNFIELD TRACE, PEACHTREE CORNERS, GA 30092.

IT IS STRONGLY SUGGESTED THAT YOU NOT USE THIS OPTION AFTER MARCH 1st.

IT WILL BE RETURNED IF IT IS RECEIVED AFTER THE DEADLINE.

THERE WILL BE NO REGISTRATION AT THE DOOR.

OPTION 2. CALL IN YOUR REGISTRATION TO PATRICK AT 770 - 595 - 0685.

HE WILL BE HAPPY TO TAKE YOUR INFORMATION OVER THE PHONE.

YOU ARE NO LONGER ABLE TO EMAIL YOUR REGISTRATION.

THE BANK, WHICH PROCESSES THE CREDIT CARDS FORBIDS THE USE OF EMAIL BECAUSE IT IS NOT A SECURE FORM OF TRANSMITTING ANYTHING, PARTICULARLY SENSITIVE INFORMATION LIKE YOUR CREDIT CARD DATA.

IF YOU HAVE REGISTRATION QUESTIONS CALL

PATRICK CONNORS AT 770 - 595 - 0685.

**PLEASE DO NOT CALL TRUDY!!!**

TRUDY DOES NOT HANDLE REGISTRATION.

WE URGE YOU TO RESPECT THIS REQUEST

AND NOT CALL HER OFFICE

REGISTRATION FEES TO ATTEND THE CONFERENCE:

**APT MEMBER\* $140 PER DAY**

**NON-MEMBER $155 PER DAY**

**STUDENT \*\* $125 PER DAY**

**\*** IF YOU ARE UNSURE IF YOU ARE A CURRENT MEMBER OF APT, PLEASE GO TO THE APT WEBSITE AT [WWW.A4PT.ORG](http://WWW.A4PT.ORG) AND VERIFY YOUR STATUS.

**\*\*** TO QUALIFY FOR THE STUDENT RATE, COMPLETE THE APPLICATION FOR STUDENT DISCOUNT RATE AND INCLUDE IT WITH YOUR REGISTRATION. ONLY STUDENTS CURRENTLY IN A GRADUATE LEVEL MENTAL HEALTH DEGREE PROGRAM QUALIFY FOR THE STUDENT DISCOUNT. REGISTRATION FEES INCLUDE WORKSHOP, HANDOUT MATERIALS, REFRESHMENT BREAKS, AND LUNCH.

OPTIONAL FEES:

THE CEC FEE IS $25 IF ORDERED PRIOR TO MARCH 6, 2020. SUBSEQUENTLY, YOU MAY ORDER A CEC FORM BY CONTACTING LINDA LAKEMAN AT 800-557-1950.

HER EMAIL ADDRESS IS INSTCONTED@AOL.COM

THE FEE IS $25 REGARDLESS OF WHETHER YOU ATTEND ONE OR TWO DAYS.

YOU NEED TO PRINT AND COMPLETE THIS PAGE IF MAILING YOUR REGISTRATION.

THIS PAGE IS AN INVOICE FROM THE GEORGIA ASSOCIATION FOR PLAY THERAPY.

ONCE COMPLETED, MAKE A COPY FOR YOURSELF AND/OR EMPLOYER AS NEEDED

DEADLINE TO REGISTER IS MARCH 6, 2020 AT 7 PM **UNLESS WE HAVE ALREADY SOLD OUT**

NAME (PLEASE PRINT)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ST\_\_\_\_\_\_\_\_\_\_ ZIP\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE NUMBER(S) WHERE WE CAN REACH YOU IF WE HAVE A QUESTION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL ADDRESS WHERE YOU WANT US TO SEND YOUR CONFIRMATION. (PRINT CAREFULLY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ARE YOU A CURRENT MEMBER OF APT? YES \_\_\_\_\_ NO \_\_\_\_\_

ARE YOU AN RPT? YES \_\_\_\_\_ NO \_\_\_\_\_

ARE YOU AN RPT&S? YES \_\_\_\_\_ NO \_\_\_\_\_

ARE YOU A MENTAL HEALTH PROFESSIONAL OR A CURRENT STUDENT? YES \_\_\_\_\_ NO \_\_\_\_\_

FOR FEE INFORMATION, SEE THE PRIOR PAGE

**REGISTRATION FEE FRIDAY $ \_\_\_\_\_\_\_\_\_\_\_\_\_** IF YOU ARE ATTENDING FRIDAY

**REGISTRATION FEE SATURDAY $ \_\_\_\_\_\_\_\_\_\_\_\_\_** IF YOU ARE ATTENDING SATURDAY

**OPTIONAL CEC FEE $ \_\_\_\_\_\_\_\_\_\_\_\_\_** EITHER $25 OR LEAVE IT BLANK

**TOTAL ENCLOSED $ \_\_\_\_\_\_\_\_\_\_\_\_\_**

MAKE YOUR CHECK **PAYABLE TO GAPT** OR PAY BY CREDIT CARD:

( ) VISA ( ) M/CARD ( ) DISCOVER # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

YOUR SECURITY NUMBER ON THE BACK OF THE CARD \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EXP. (MO/YR) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APPLICATION FOR STUDENT DISCOUNT RATE

FOR A GEORGIA ASSN. FOR PLAY THERAPY EVENT

TO THE STUDENT:

GAPT GRANTS STUDENT RATES FOR MOST EVENTS. IN ORDER TO QUALIFY, THE FOLLOWING INFORMATION MUST BE COMPLETED BY THE APPLICANT AND SIGNED BY HIS/HER PROFESSOR. PLEASE INCLUDE THIS FORM WITH YOUR REGISTRATION FORM TO PAY THE STUDENT RATE. YOU WILL BE NOTIFIED IF YOUR REQUEST FOR THE STUDENT RATE IS DECLINED.

TO THE STUDENT’S PRIMARY PROFESSOR:

I CERTIFY THAT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ IS PURSUING AN ADVANCED DEGREE IN A GRADUATE MENTAL HEALTH DEGREE PROGRAM DURING THE CURRENT ACADEMIC SEMESTER / QUARTER.

FIELD OF STUDY … COMPLETE ONE:

MASTERS DEGREE PROGRAM IN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ed.S. DEGREE PROGRAM IN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOCTORAL DEGREE PROGRAM IN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF PROFESSOR

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRINT PROFESSOR’S NAME

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE PHONE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DEPARTMENT

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF INSTITUTION