



Application Form

This application is for:
(please check all that apply)

On-site Ph.D. Program

- FULL-TIME
- PART-TIME
- CHILD & ADOLESCENT SPECIALIZATION
- SCHOOL SOCIAL WORK SCHEDULE

Online Ph.D. Program

- FULL-TIME (DISTANCE LEARNING)

Advanced Clinical Practice Program

- FULL-TIME
- PART-TIME

Student-at-Large Program

FULL NAME

Please list any other names under which your credentials may arrive.

HOME ADDRESS

STATE

ZIP

HOME TELEPHONE

HOME FAX

HOME EMAIL

PLACE OF OCCUPATION

WORK ADDRESS

STATE

ZIP

WORK TELEPHONE

WORK FAX

WORK EMAIL

SOCIAL SECURITY NUMBER

DATE OF BIRTH

PLACE OF BIRTH

CITIZENSHIP

MARITAL STATUS:

- Single
- Married
- Partnered
- Divorced
- Widowed

Name of Spouse or Significant Other:

ETHNICITY: (Optional. We are required to ask for federal reporting purpose only.)

- African American, Non-Hispanic
- Caucasian, Non-Hispanic
- Hispanic
- Other (explain): _____
- Native American or Alaskan Native
- Native Asian or Pacific Islander
- Race/Ethnicity Unknown

Education (Please begin with most recent)

SCHOOL	DEGREE EARNED	YEAR RECEIVED
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

OTHER EDUCATION EXPERIENCES

Field Placements

AGENCY	ADDRESS	NAME OF INSTRUCTOR	DATES
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

Employment History (Please begin with most recent)

Include agency, title of your position, dates of employment, and a brief job description.
If you prefer, you may attach a curriculum vitae instead.

Please List Any Publications

Membership in Professional Organizations

Certification/License

TYPE _____ DATE _____

Malpractice Insurance

COMPANY _____ POLICY NO. _____

EFFECTIVE DATES FROM: _____ TO: _____

Related Professional or Volunteer Activities

Please Indicate Any Research Experiences

Additional

Please note any special needs of which you think we should be informed. _____

Have you ever been convicted of a felony? Explain. _____

Have you ever been determined to have engaged in unethical practices, or otherwise sanctioned, by a professional association to which you belong, or by a state licensing or regulatory agency? Explain. _____

Have you ever been found liable in a civil action for malpractice? Explain. _____

About the Application Process

The admissions process at ICSW is built around the belief that each applicant is unique. We carefully examine all applications and invite suitable applicants to submit supporting materials and meet with faculty members to discuss their interests and qualifications. When reviewing applicants, we consider academic record, writing ability, clinical experience, research interests, and capacity to learn a psychodynamic perspective.

We are available to answer any questions that you have about the application process. You can reach us at (312) 726-8480.



THE INSTITUTE FOR
Clinical Social Work

200 N. Michigan Avenue
Suite 407
Chicago, Illinois 60601

(312) 726-8480
info@icsw.edu
www.icsw.edu

The Institute for Clinical Social Work does not discriminate in its admission, employment, or policy procedures on the basis of age, race, color, sex, sexual orientation, religion, national origin, political party affiliation or preference, or physical impairment.

The Institute for Clinical Social Work conforms with the provisions of the student rights under the Family and Student Educational Rights and Privacy Act of 1974, as amended. Files are maintained under the provisions of the act.

The Institute for Clinical Social Work reserves the right to amend, modify, or revise the policies and procedures stated herein from time to time as deemed necessary and appropriate, and approved by its Board of Trustees.

I understand that my application materials, once submitted, become the property of the Institute for Clinical Social Work and cannot be returned.

I hereby:

WAIVE DO NOT WAIVE

...my right to see my letters of reference.

SIGNATURE _____ DATE _____

Application received by ICSW on: _____