



**Certificate Program in Traumatic Stress Studies  
Application Form**

**I. Demographic Information**

Applicant Name: \_\_\_\_\_

Gender: M    F

Culture/Ethnicity\* (optional): \_\_\_\_\_

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

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

Phone (H): \_\_\_\_\_

Phone (W): \_\_\_\_\_

Phone (C): \_\_\_\_\_

e-mail address (primary): \_\_\_\_\_

e-mail address (secondary): \_\_\_\_\_

**II. Professional Information**

Currently Licensed?    Y    N

If yes, type of licensure: \_\_\_\_\_ State of licensure: \_\_\_\_\_

License number: \_\_\_\_\_

Please list any current job positions:

Current Position/Job Title: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Years in Current Position: \_\_\_\_\_

Current Position/Job Title: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Years in Current Position: \_\_\_\_\_

Note: Please attach an updated resume or CV.

\*The Trauma Center does not discriminate on the basis of race, culture, ethnicity, gender, sexual orientation, age, disability status, or political beliefs. We are committed to maintenance of a comfortable multi-cultural environment, and especially encourage minority applicants or applicants who work with under-served populations.



### **III. Educational Background**

Highest Degree Obtained: \_\_\_\_\_ Year of Degree: \_\_\_\_\_  
Educational Institution(s) Attended (Post-Graduate): \_\_\_\_\_  
Field of Concentration: \_\_\_\_\_

Please list any additional certifications/extended training programs and dates of attendance/completion:

### **IV. Program Goals**

Briefly describe your reasons for applying to this program and your personal goals: what would you like to accomplish by course completion? How do you anticipate the course material impacting your work?



## V. Additional Materials

Please submit this form, along with the following materials:

- ( ) Copy of current professional license
- ( ) Current resume or curriculum vitae
- ( ) Two (2) letters of reference, from individuals who are familiar with your professional work.

*References will be supplied by:*

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(Name, current position)

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(Name, current position)

Submit all materials to:

Elizabeth Hopper, PhD.  
Associate Director of Training  
Trauma Center at JRI  
1269 Beacon St, 1<sup>st</sup> Fl  
Brookline, MA. 02446

*The Trauma Center Certificate Program is co-administered by Bessel van der Kolk, M.D., Medical Director and Vice President, and Margaret E. Blaustein, Ph.D., Director of Training and Education.*

*Questions may be addressed to Dr. Hopper at [ehopper@jri.org](mailto:ehopper@jri.org).*

**Applications will be considered as they are received. Appropriate applicants will be invited to attend an in-person interview, and admission to the program will occur on a rolling basis until all positions have been filled. Interested applicants are encouraged to apply early, to ensure securing a position.**