Kathy Lovrien - Graduate Certificates PO Box 751, CEED Portland OR 97207-0751

## **Graduate Certificate Application – Personal Statement**

Name of Applicant:_				SSN	/	/	
	Last	First	MI			_	

## **Personal Statement**

Describe your professional experience and academic background and identify why you believe you would be an effective professional Addictions Counselor or a Couples, Marriage and Family Counselor. Describe how this Certificate Program aligns with your professional goals.

\*\*SHOULD NOT BE MORE THAN 500 WORDS TYPED\*\*