

Employment History

***Please indicate here if you will attach a current resume as an alternative to completing this section):** _____

Place of Employment	Address	Position	Dates
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Place of Employment	Address	Position	Dates
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Please list all undergraduate and graduate institutions you have attended, major courses of study, degree(s) earned, and cumulative grade point average for each, beginning with the most recent.

Name of Institution: _____ **Dates Attended:** _____

Major: _____ **Degree(s):** _____ **GPA:** _____

Name of Institution: _____ **Dates Attended:** _____

Major: _____ **Degree(s):** _____ **GPA:** _____

Name of Institution: _____ **Dates Attended:** _____

Major: _____ **Degree(s):** _____ **GPA:** _____

How will you integrate the mental health knowledge gained from this course in your job duties? Please explain.

Please list all mental health seminars and/or classes you have attended, major courses of study, degree(s) earned specific to the topic of Mental Disability and the Law, beginning with the most recent.

Name of Seminar/Course: _____ **Dates Attended:** _____

If accepted into the program, I assent to, and agree to be bound by, all the rules, regulations, and directions of the Office of the Mental Health Advocate and the University insofar as they apply to me. I understand that the rules, regulations, and directions of the School are subject to change. I understand that all credentials and other materials submitted during the application process become the property of the Office of the Mental Health Advocate and/or the University and will not be returned. I understand that any action taken on this application by the Admissions Committee is solely within its discretion and that the decision is final.

I certify that the answers to the above questions are complete and accurate. I understand that the failure to provide truthful answers to any of the application questions, or the failure to inform the Office of the Mental Health Advocate and the Admissions Office of any changes in, or additions to, the information contained in my answers, may result in denial of admission, dismissal, or rescission of the scholarship.

Signature

Date

***Please return completed applications to:
Bob Rubin 2786 North Decatur Road Suite 245 Decatur, GA 30033***