

Child Abuse & Family Violence Certificate Program

www.calstatela.edu/academic/hhs/cafvi

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INTERDISCIPLINARY CERTIFICATE IN CHILD ABUSE AND FAMILY VIOLENCE 15 UNITS

- Offered by the College of Health and Human Services since 1990, this certificate program provides students from various disciplines, in depth knowledge and hands on field experience in the area of child abuse and domestic violence. For students who want to work with this population, this certificate provides a great opportunity to qualify for career paths in which multidisciplinary training is required or essential.
- The certificate requires **15 units** of upper division course work, including **9 units of required courses, 3 units of electives, and 3 units of field experience**. Please plan your schedule to include the required classes. Other courses do not provide the same content so substitutions will be considered only in rare circumstances. Students must earn a **minimum ‘C’** in each class to qualify for the certificate.
- Admission to the program requires upper division standing (completion of 90 semester units), formal application, and acceptance to the university, application to the certificate program, and approval by the program director.

REQUIRED COURSES (9 units)

Course Name	Course Title	Units
CHDV 4120	Issues in Child Abuse, Neglect, and Family Violence	3
COMD 3190	Communicating with Abused Children and Violent Families	3
SW 4560	Multidisciplinary Teams, Child Maltreatment and Family Violence	3

FIELD EXPERIENCE (3 units)

<p>HHS 4950 Field Work in Health and Human Services (SW 4951 or COUN 4950 also qualifies. Please see inside for more information.)</p>	Contact our office via email for the fieldwork syllabus. Students may take 1, 2, or 3 units in one semester. Each unit requires 40 hours, a total of 120* hours for 3 units. Register under Dr. Rakel Delevi for the number of units to be taken.	1
		2
		3
	*effective Fall 2018	(units)

SOCIAL WORK MAJORS and REHABILITATION MAJORS (ONLY)

If your SW or Rehabilitation internship is conducted at a qualifying agency, we can count the 120 hours from SW 4951 or COUN 4950 in place of HHS 4950.

What is a qualifying agency?

1. You do at least 120 hours at an agency related to child abuse, neglect, or family violence.
2. Supervisor has agreed to give you cases in these content areas (mentioned in #1).
3. Provide a copy of a passing evaluation signed by supervisor showing 120 hours completed, plus 1 page paper describing the amount of time and activities at the placement devoted to these content areas and how that relates to the aim of the certificate program.

SUGGESTED ELECTIVES

(Minimum 3 units with the approval of your major advisor)

COURSE NAME	COURSE TITLE	UNITS
CHDV 4300	Parent Child Development Over the Family Life Cycle	3
CHDV 4700	The Family and the Law	3
COMD 4575	Victimology in Child Abuse and Family Violence	3
COUN 4006	Introduction to Behavioral Counseling	3
COUN 4030	Child Maltreatment and Domestic Violence	3
COUN 4600	Laws Related to Child and Family	3
CRIM 3090	Juvenile Justice	3
CRIM 4020	Substance Use and Crime	3
CRIM 4700	Women and Crime	3
NURS 4700	Community/Public Health Nursing	3
NURS 3550	Strategies for Preventing and Intervening in Family Violence and Abuse	3
PH 4220	Vulnerable Populations	3
PH 4230	Sexuality and Sexual Health	3
PSY 4030	Child Maltreatment and Domestic Violence	3

PSY 4120	Psychology of Human Development: Infancy and Childhood	3
PSY 4260	Family Therapy Dynamics and Perspectives	3
PSY 4640	Psychology and the Law	
SOC 3830	Violence and Society	3
SOC 4210	Social Sources of Human Sexuality	3
SOC 4400	Partnership, Marriage, and the Family	3
SOC 4430	Social Policy, Inequity and Non-Traditional Families	3
SOC 4850	Domestic Violence	3
SW 3550	Strategies for Preventing and Intervening in Family Violence and Abuse	3
SW 3761	Child Welfare	3

**APPLICATION FOR THE
CERTIFICATE IN CHILD ABUSE AND FAMILY VIOLENCE**

Directions: Please fill out all of the information in the application to the best of your ability. When submitting your application, you must attach two pictures: (1) a recent photograph of yourself and (2) a photograph of your campus student identification card. If you do not have a student ID, please reach out to the CAFVI staff for further instructions.

Part I: General Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cellphone #: _____ Alternative #: _____

School Email: _____

Alternative Email: _____

CIN (9-digit identification number): _____

Part II: Academic Information

Status (undergraduate or credential only): _____

GPA for all university work (new transfer students may write their prior college GPA): _____

Major: _____

Minor: _____

Part III: Academic History (Institutions Attended)

Please fill this portion out **only** if you have attended another college besides Cal State LA

Institution Name: _____

City: _____ State: _____

Start Date (month/year): _____ End Date (month/year): _____

Completed Units: _____

Major: _____

Degree received (if any): _____

Part IV: Certificate Program Courses Taken

If you have taken or are currently taking courses required for the certificate program, please fill out the information below. As a reminder, the courses are CHDV 4120, COMD 3190, SW 4560, one elective (see page 2), and fieldwork (either HHS 4950 or SW 4951). You do not have to fill out all five courses; only fill out what you have taken so far. **If you have not taken any of the courses, please write in each course name and the semester and year you plan to take them in.**

Course 1: _____
Semester Taken: _____

Grade: _____
Year Taken: _____

Course 2: _____
Semester Taken: _____

Grade: _____
Year Taken: _____

Course 3: _____
Semester Taken: _____

Grade: _____
Year Taken: _____

Course 4: _____
Semester Taken: _____

Grade: _____
Year Taken: _____

Course 5: _____
Semester Taken: _____

Grade: _____
Year Taken: _____

Part V: Employment History

Present Employment

Employer: _____ Job Title: _____

Duties: _____ Dates of Employment: _____

Child Maltreatment Related Employment (if any)

Employer: _____ Job Title: _____

Duties: _____ Dates of Employment: _____

Part VI: Interest in CAFVI Certificate Program

Please indicate why you are pursuing the CAFVI certificate program. Check all that apply.

Related to career interests Upward mobility in current employment

Related to current employment General interest

Related to prospective employment Other: _____

CHILD ABUSE AND FAMILY VIOLENCE INSTITUTE
VOLUNTEER APPLICATION

Part I: General Personal Information

Name

First Middle Last A.K.A

Current Address

Street Number: _____

City: _____ Zip: _____ State: _____

Former Address (if at present address less than three years)

Street Number: _____

City: _____ Zip: _____ State: _____

Marital Status (please mark one)

Single Separated Widowed Divorced Married

Others in Household (if any)

Name: _____ Relationship: _____ Age: _____

Name: _____ Relationship: _____ Age: _____

Name: _____ Relationship: _____ Age: _____

Name: _____ Relationship: _____ Age: _____

Name: _____ Relationship: _____ Age: _____

Part II: Emergency Contact

In case of emergency, call:

Full name: _____ Relationship: _____

Address Street Number: _____

City: _____ Zip: _____ State: _____

Home Phone: _____ Business Phone: _____

Medical contact:

Please include the name and phone number of your doctor/physician. If you do not have a medical practitioner that you regularly see, you can put the name of the hospital/clinic you receive primary care from and their phone number.

Doctor/Physician name: _____

Phone number: _____

Part III: Background Clearance

Please fill out all of the information to the best of your ability.

Maiden Name (birth name): _____

Sex: _____ Race: _____ Height: _____ Weight: _____

Hair Color: _____ Eye Color: _____ Age: _____

Birthdate: _____ Birthplace: _____

Birthmarks/scars (if none, put "N/A"): _____

Are you a citizen of the United States? Yes No

Do you have a misdemeanor or felony charge pending? Yes No

If yes, please explain: _____

Have you ever been convicted, fined, placed on probation, or given a suspended sentence in court? Yes No

If yes, please explain: _____

Automobile:

Driver's License or CA I.D #: _____ Expiration Date: _____

Has your license ever been suspended? Yes No

If yes, please explain: _____

Do you own a car? Yes No

If yes, please answer the following questions below:

Car License #: _____ Make of Auto: _____ Year of Auto: _____

Part IV: Graduation

Note: You must plan to complete the certificate before or at the same time you complete the requirements for your graduate degree.

Expected Graduation: Semester: _____ Year: _____

Year (current): Freshman Sophomore Junior Senior

Part V: Signature

My signature or alternately, typing my name below, indicates that all of the above information is true and complete to the best of my knowledge. I understand that failure to have supplied complete and accurate information could mean disqualification.

Student Signature: _____ **Date:** _____

For Office Use Only:

Approve Disapprove

Director Dr. Rakel Delevi

Date: _____

Please follow us on Instagram @cafvi_csula for information and updates!