

# PSYCHOLOGY AND MENTAL HEALTH CERTIFICATE ENROLLMENT



John F. Kennedy University  
Continuing Education  
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Please submit your enrollment as soon as you decide to complete the certificate program. Call the CE office if you have any questions.

You will have three (3) years from the date of your enrollment to complete your program.

John F. Kennedy University  
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www.nusystem.org

Please complete this form and return it to the address provided.

Name \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_

**Please help us ensure that we attribute credit properly to your record by providing one of the following:**

4 last digits of SSN: \_\_\_\_\_ OR JFKU Student ID#: \_\_\_\_\_

**Which certificate program(s) are you enrolling in?**

- |  |   |
|--|---|
| <input type="checkbox"/> Autism Spectrum Disorders CE00AS  | <input type="checkbox"/> Expressive Arts CE00EA                           |
| <input type="checkbox"/> Cognitive Behavior Therapy CE00CB | <input type="checkbox"/> Mental Health for Aging Adults CE00MH            |
| <input type="checkbox"/> Deep Imagination CE00DI           | <input type="checkbox"/> Nutritional Psychology CE00NP                    |
| <input type="checkbox"/> Eating Disorders CE00ED           | <input type="checkbox"/> Treatment Strategies for Returning Troops CE00TS |

**Enrollment Fee:**  \$35 (1 Certificate)  \$70 (2 Certificates)  \$115 (3 Certificates)  \$140 (4 Certificates)

**Payment Method:**

- Check (Please make payable to JFKU-CE)  VISA  MasterCard  American Express

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_