advanced clinical training program at the Barnard Center

Advanced Clinical Training Program
Sample Application Form 2021-2022

Please note that access to this application and to ACT Program curriculum material will require either University of Washington email address or a Google account. This application cannot be saved. Please utilize the PDF version of the application as reference to prepare your application responses and material. You will receive a copy of your completed application after you submit. "Names and photos" referred to below are the files that you will be asked to submit as part of your application.

SECTION 1: IDENTIFYING AND CONTACT INFORMATION

Identifying Information
First name:
Middle Initial:
Last names:
Date of birth:
Gender Identity:
Preferred Gender Pronouns:
Racial Identity:
Ethnic Identity:
Tribal Membership/Affiliation:
Please indicate your preferred language, if not English:

Contact Information
Preferred E-mail:
Phone:
Mailing Address:

SECTION 2: EDUCATION INFORMATION

A scan of your transcript from each institution you list below is sufficient for this application. You are not required to order a transcript unless you do not have one on hand. The transcript should indicate courses and total units obtained as well as degree and date conferred.

*Note: You may be asked to log in to your Google account to upload a copy of your official transcript.

Education 1: Highest Degree Conferred
Name of University
Department, College, or School
City, State
Discipline, Major and/or Area of Focus
Graduation Date
Degree Received
*Attach Copy of Transcript

Education 2
Name of University
Department, College, or School
City, State
Discipline, Major and/or Area of Focus

Graduation Date
Degree Received
*Attach Copy of Transcript

Education 3
Name of University
Department, College, or School
City, State
Discipline, Major and/or Area of Focus
Graduation Date
Degree Received
*Attach Copy of Transcript

SECTION 3: PROFESSIONAL LICENSE, CREDENTIAL, OR CERTIFICATE

A scan of your professional license, credential, or certificate will be sufficient for this application.

*Note: You may be asked to log in to your Google account to upload your license, credential, or certificate.

Professional License, Credential, or Certificate 1
Type of License, Credential, or Certificate:
Issuing State Board or Professional Organization:
License, Credential, or Certificate # (if applicable)
Effective Date:
Expiration Date:
*Attach Copy of License, Credential, or Certificate

Professional License and/or Credential 2
Type of License, Credential, or Certificate:
Issuing State Board or Professional Organization:
License, Credential, or Certificate # (if applicable)
Effective Date:
Expiration Date:
*Attach Copy of License, Credential, or Certificate

Professional License and/or Credential 3
Type of License, Credential, or Certificate:
Issuing State Board or Professional Organization:
License, Credential, or Certificate # (if applicable)
Effective Date:
Expiration Date:
*Attach Copy of License, Credential, or Certificate

If you are licensed or license-eligible, please indicate the name and organizational affiliation of the person with whom you are receiving or have received supervision or consultation (terminal license only):

Do you practice mental/behavioral health services for an organization licensed to provide mental/behavioral health services? Yes/No

Name of licensed organization:

SECTION 4: PROFESSIONAL / EMPLOYMENT EXPERIENCE

*Note: You will be asked to log in to your Google account to upload your resume or curriculum vitae (CV). Please submit your resume or CV in PDF format.

Current or Most Recent Professional / Employment Experience
Employer (list "self" if applicable):
Employment Address:
Position, Title or Role:
Start Date:
End Date (if applicable):

Professional / Employment Experience 2
Employer (list "self" if applicable):
Employment Address:
Position, Title or Role:
Start Date:
End Date (if applicable):

Professional / Employment Experience 3
Employer (list "self" if applicable):
Employment Address:
Position, Title or Role:
Start Date:
End Date (if applicable):

Professional Experience with Children Prenatal to Age 5 and Families
Do you currently provide mental / behavioral health services to children ages 0-5 years and/or parents and caregivers with children 0-5 years of age? Yes/No

Briefly describe your current and other relevant mental / behavioral health experience with and/or on behalf of children prenatal to 5 years of age and their parents, caregivers, and families. (copy/paste 200 words):

Submit your resume or curriculum vitae (CV) here. [Upload PDF]

SECTION 5: LETTER(S) OF RECOMMENDATION

Please upload your letter(s) of recommendation. Your application should include 1 letter of recommendation and no more than 2 letters of recommendation. One letter must be from an individual with knowledge of your clinical work. Letter(s) should be submitted as PDF format.

*Note: You will be asked to log in to your Google account to upload your statement. Please submit your statement in PDF format.

How many Letter(s) of Recommendation are you submitting? 1 or 2

Upload Letter 1 PDF format

Upload Letter 2 PDF Format

SECTION 6: AUTOBIOGRAPHICAL STATEMENT

Reference the "Program Goals and Organizational Commitment to Diversity, Equity, and Inclusion" statement at the end of the application and follow the prompts below to write your personal statement. *Note: You will be asked to log in to your Google account to upload your statement. Please submit your statement in PDF format.

Write a 2-3 page (maximum) autobiographical statement discussing how your personal, academic, volunteer and/or professional experiences have led you to the mental health AND infant and early childhood mental health fields. Please address how your qualities, characteristics and life experiences that you bring:

- align with the goals of the ACT Program and the Barnard Center's commitment to diversity, equity, and inclusion (see Program Goals and Organizational Commitment to Diversity, Equity, and Inclusion Statement at the end of this application);
- influence your approach to Infant and Early childhood mental health practice;
- contribute to your short- and long-term career goals; and
- contribute to the ACT Program's learning community and the field of infant and early childhood mental health;
- Finally, please share what specifically has influenced your decisions to pursue advanced clinical training in infant and early childhood mental health at the University of Washington.

SECTION 7: ACKNOWLEDGEMENT OF UNDERSTANDING

Read each statement respond accordingly.

1. I have read and the entire Program Description, including the information entitled "Application Submission, Review, and Selection Timeline" and "Program Expectations and ACT Program Clinician Responsibilities." [YES/NO]
2. I have reviewed the course training dates. I understand that missed didactic hours cannot be made up, missed sessions will impact the total continuing education units (CEUs) I will receive. I understand that, in turn, this may impact the my ability to meet the endorsement competency requirements for Infant Mental Health Specialist as dictated by WA-AIMH and MI-AIMH Guidelines. [YES/NO]
3. I am aware that I cannot make up missed Reflective Practice Group (RPG) hours and that missed hours may impact the my ability to meet the endorsement competency requirements for Infant Mental Health Specialist as dictated by WA-AIMH and MI-AIMH Guidelines. [Initials or YES/NO]

4. I understand that my Certificate of Completion from the Advanced Clinical Training Program will be provided only after I have completed the 15-month program and I cannot extend enrollment beyond that date. [YES/NO]
5. I understand that if I am notified of acceptance into the program, I will have 14 business days to accept and pay $500 of the initial tuition payment as a deposit to hold my seat in the program, following instructions in the Notice of Acceptance. I understand that not meeting this payment and enrollment steps will constitute forfeiture of my enrollment. In addition, if tuition will be covered by a 3rd party (e.g., agency) that cannot meet these deadlines, I will need to discuss an alternative plan with the Program Director, Dr. Nucha Isarowong. [YES/NO]
6. I understand if I choose to withdraw from the program after submitting my enrollment forms and first tuition payment to the Barnard Center, I must do so in writing following the instructions provided in my Notification of Acceptance. Letters of withdrawal received 1-7 days after the deposit tuition payment was received will be fully refunded. Letters of withdrawal received more than 7 days after the enrollment forms and first tuition payment are received up to and including Monday, February 1, 2021, regardless of cause, will receive reimbursement of one-half (1/2) of the tuition deposit payment ($250). I understand that no portion of the first tuition payment will be reimbursed if I withdraw after February 1, 2021, regardless of cause. The remaining $1,500 of the first tuition payment is due Monday, March 1, 2021; the second payment of $2000 is due Monday, July 5, 2021 (Month 5); and the third payment of $2000 is due Monday, December 6, 2021 (Month 10). [YES/NO]
7. While the ACT Program is developed to strongly align with endorsement competency requirements as dictated by WA-AIMH and MI-AIMH Guidelines, I understand that no promises or guarantees are expressed or implied regarding employment, career advancement, licensing, credentialing, or endorsement upon completion of the ACT Program. [YES/NO]
8. I understand that while I am attending and participating in all aspects of the ACT Program, including completing course assignments, completing Infant Observation, participating in mentorship & reflective practice groups, meeting with colleagues, and in all other activities related to the ACT Program, I will not be covered by any student insurance, liability insurance or coverage, malpractice insurance or coverage, or other insurance held by the University of Washington, the ACT Program, the Barnard Center for Infant and Early Childhood Mental Health, or any other affiliated entity, partner, faculty, or individual. Further, should there be activities not taking place virtually (i.e. in-person and/or onsite), I agree to hold harmless these entities and any training or graduation locations including, but not limited to the private homes, hotels, and community facilities in the event of any accident, illness, or injury to or by me, or in any legal action against me arising from my activities while participating in the ACT Program. I understand that I am solely responsible for my professional actions and decisions in all activities associated with the ACT Program. I am aware that I am solely responsible for practicing within my licensing, credentialing, code of ethics, and/or professional scope of work. [YES/NO]
9. I consent to listing my name, city of residence, phone numbers, e-mail address, my discipline, work setting, and degree in electronic and/or hardcopy format that may be distributed to class members, faculty, and other entities deemed appropriate by the program director. I also acknowledge that I may be asked, at which time I may decline consent, to be photographed or video-recorded as part of the ACT Program sessions for use in video or still images to be used by

the University of Washington, the ACT Program and/or the Barnard Center for Infant and Early Childhood Mental Health. [YES/NO]

By typing my full name below, I hereby state that the information provided in the entirety of this application is true and correct, and I request admission to the Advanced Clinical Training (ACT) Program at the Barnard Center for Infant and Early Childhood Mental Health located at the University of Washington. I agree to the conditions and responsibilities as described in the Program Description.

[Typed Signature]

Program Goals and Organizational Commitment to Diversity, Equity, and Inclusion Statement

The ACT Program at the Barnard Center seeks to promote the relational health and wellbeing of infants, young children, and families through the expansion and diversification of the infant and early childhood mental health workforce.

At the Barnard Center, we utilize the definition of diversity that includes the full range (majority and minority) of identities and social positioning factors and circumstances including, but not limited to, race, gender, class, ability, sexuality, location (urban/suburban/rural), immigration status, and nationality. We recognize that it is critically important for those of us in a leadership positions to articulate our commitment to reflect on, and learn about, the experiences of populations that are not typically represented by the dominant (white, middle class) culture so that we may be held accountable to advancing equity and justice. We are also committed to recognizing how we, or the systems we work in, reinforce and benefit from social structural inequality. We recognize that addressing diversity, equity, and inclusion is both deeply personal and institutional. At the Barnard Center for Infant and Early Childhood Mental Health we aim to support all staff, students, and faculty in the process of learning about and reflecting on how we can be agents of change for the infant mental health field.

There are several ways in which we as educators seek to assure that our trainings are informed by diversity, equity, and inclusion (DEI) approaches and strategies. We do this by 1) making our trainings more accessible to all participants, especially those who have not had access to our trainings, 2) by attracting and mentoring diverse learners and future leaders, 3) by equipping our educators with the tools they need to facilitate hard conversations that may occur in practice, and by 4) undertaking critical self-reflection in the process of doing this work and supporting self-reflection of our staff, students and faculty.