

APPLICATION

ENHANCING CULTURAL COMPETENCE IN CLINICAL CARE SETTINGS (4C Project)

COHORT 2: January – November 2016

1. PERSONAL INFORMATION:			
Last Name:		First Name:	
Street Address (Home):			
City:	County:	State:	Zip:
Phone:	E-mail:		Gender:
		Male	Female

2. PRIMARY EMPLOYER/ORGANIZATION:			
Agency Name:		Job Title:	
Street Address:		City:	
County:	State:	Zip:	Cell Phone:

3. ETHNICITY:			
American Indian or Alaskan Native		Caucasian	
Asian (Specify Ethnicity):		Mixed Heritage	
Black or African-American		Hispanic or Latino	
Other (Please Specify):			

4. LANGUAGES OTHER THAN ENGLISH SPOKEN FLUENTLY:			
Spanish		Hmong	
Other (Please Specify):			

5. EDUCATION:			
Degree (s) and Certificates	Major	Date Completed (mm/yyyy)	Currently a Student? Y/N

6. PROFESSIONAL LICENSE (s):		
Type of License:	Intern/License #:	Year Licensed:

This project is funded by the Mental Health Services Act (MHSA) in partnership with the California Department of Mental Health and Department of Developmental Services.



Funded by:

7. YEARS WORKING WITH CHILDREN UNDER 5:						
0 – 2 Years		3 – 5 Years		5 – 10 Years		Over 10 Years

8. ARE YOU CURRENTLY WORKING DIRECTLY WITH CHILDREN UNDER 5:		
Yes	No	If not, please indicate current profession:

9. WHAT COUNTIES DO YOU SERVE IN YOUR WORK? (CHECK ALL THAT APPLY):										
Fresno		Kings		Madera		Mariposa		Merced		Tulare
Other (Please Specify):										

10. ARE YOU INTERESTED IN OBTAINING CONTINUING EDUCATION UNITS (CEU's):				
Yes	No	<i>If yes, specify type of CEU's and LICENSE #:</i>		
		Marriage and Family Therapy	Social Work	Nursing

Attendance at ALL sessions is expected. Participants with three or more unexcused absences will NOT receive a certificate of completion at the end of the training series.

A NON-REFUNDABLE REGISTRATION FEE OF \$95, AND AN ADDITIONAL FEE OF \$25 FOR CEU CREDITS, WILL BE DUE UPON ACCEPTANCE TO THE PROGRAM.

Signature _____ Date _____

Supervisor's Signature _____ Date _____

IMPORTANT:

Please fax or e-mail your completed application to Wendy Davis at wdavis@csufresno.edu or 559-228-2168 by Monday, November 30, 2015. Please make a copy of your completed application for your records before submission.

For additional information contact Wendy Davis at (559) 228-8727.

Submitting your completed application does not guarantee acceptance into the program. Your application will be reviewed and you will be notified via e-mail if you have been accepted by Friday, December 4, 2015. Registration and CEU (if applicable) fees are not required until you receive notification of acceptance.