FRESNO STATE

Central California Children's Institute

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:
Home Phone:	E-mail:	Gender: ☐ Male ☐ Female	

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

3. AGENCY OR COUNTY TEAM:				
Are you applying as part of an agency or county team? If yes, please indicate:				
☐	County Name:	**OR**	☐	Agency Name:

4. HOW DID YOU HEAR ABOUT THIS TRAINING:			
☐	Prior 4C Participant (provide name):	☐	Other (please specify):

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

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

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.

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

8. PROFESSIONAL LICENSE(S):		
Type of License:	Intern/License #:	Year Licensed:

9. YEARS WORKING WITH CHILDREN UNDER 5:

☐ 0 – 2 Years ☐ 3 – 5 Years ☐ 5 – 10 Years ☐ Over 10 Years

10. ARE YOU CURRENTLY WORKING DIRECTLY WITH CHILDREN UNDER 5:

☐ Yes ☐ No If not, please indicate current profession:

11. WHAT COUNTIES DO YOU SERVE IN YOUR WORK? (CHECK ALL THAT APPLY):

☐ Fresno ☐ Kings ☐ Madera ☐ Mariposa ☐ Merced ☐ Tulare

☐ Other (Please Specify):

12. PREVIOUS TRAINING:

Have you had any previous training in infant mental health or dyadic functioning?

☐ Yes ☐ No If so, please specify type and location of training:

13. ARE YOU INTERESTED IN OBTAINING CONTINUING EDUCATION UNITS (CEU's):

☐ Yes ☐ No ***If yes, specify type of CEUs:***

☐ Marriage and Family Therapy ☐ Social Work ☐ Nursing

*****PLEASE SUBMIT A COPY OF YOUR RESUME ALONG WITH COMPLETED APPLICATION*****

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

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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.

IMPORTANT:

Please fax or e-mail your completed application to Wendy Davis at wdavis@csufresno.edu or 559-228-2168 by 5 p.m. on Tuesday, November 10, 2015. Keep a copy of your completed application for your records before submission.

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

Signature Date

Supervisor's Signature Date

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.

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