**Integrative Trauma Program**

**Clinical Affiliate Program Application**

*"We appreciate your interest in applying to our program. The ITP is committed to an ongoing process of actively examining our privilege and power and putting an end to institutionalized oppression. We welcome applications from professionals who are interested in helping us build an intersectional, anti-racist, and anti-bias community, and we invite you to join us in our mission of helping to heal those suffering from trauma."*

\*Please email completed application and supporting documents to: Gregory Carson, Clinical-Affiliate Program Chair, at gregorycarson.lcsw@gmail.com.

\*\*Please check here if relevant: [\_\_\_ ] I would like to be considered for a BIPOC Scholarship

Name:

Home Address:

City: State: Zip:

Office Address:

City: State: Zip:

Home/Cell #: Office #:

Email Address:

Professional Title: (PhD, LCSW, MD, LMFT, LCAT, LMHC): **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Social Security or Tax ID Number:

National Provider Identifier Number:

Please list your experience as a clinician regarding:

1. Patient age range:
2. Language other than English
3. Experience with specific populations \_

Postgraduate Psychoanalytic Training and Date of Certification:

Additional postgraduate studies, trainings, or certifications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| EMDR Training Level | Date of Completion | Name of Trainer |
| Level 1&2 |  |  |
| Level 3 (if Parnell-trained) |  |  |

If you have been trained by Laurel Parnell or the Parnell Institute and have not yet completed level 3 please indicate your planned date of completion:

Please list any other trauma treatment training & related clinical experience:

Please list any supervision in EMDR, Somatic Experiencing, Sensorimotor Psychotherapy, IFS or other trauma treatment:

Modality/modalities:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Supervisor | No. of Hours | Individual or Group Format |
|  |  |  |
|   |  |  |
|  |  |  |

Please list the days and hours you have available for working with Trauma Treatment Center patients

(3 clinical hours are required, including 1 early morning, evening, or weekend hour)?

Please list any managed care panels to which you belong:

How did you hear about the Integrative Trauma Program?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature Date

Please include the following with your completed application:

|  |  |
| --- | --- |
| **□** | A current copy of your CV |
| **□** | A copy of your current license |
| **□** | A copy of current malpractice insurance certificate |
| **□** | A copy of your level II EMDR certificate of completion |
| **□** | Two letters of recommendation from professional contacts familiar with your clinical work |
| **□** | You will receive an invoice for the non-refundable application fee of $75 |

Thank you for your interest in the Integrative Trauma Program. We will contact upon receipt of your completed application to schedule two admissions interviews.

Please email completed application and supporting documents to:

Gregory Carson, gregorycarson.lcsw@gmail.com