



APPLICATION Due August 25, 2016

Infant/Early Childhood Mental Health Consultation Learning Collaborative

Section 1: Personal Information

Name Home Address

Phone Fax Email

Date of Birth Gender Ethnic Identity

Professional discipline(s)

Florida professional license #

List any other state(s) in which you are licensed

Section 2: Education Background

College/University City/State/Country Dates Attended Degree/Major

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Agency Name Agency Contact

Director Name Director Email

I know that there is no out of pocket cost for this training, but that travel expenses will not be reimbursed. I understand that this training is being provided by Project LAUNCH to build community capacity for I/ECMHC in Florida; therefore I agree to be a referral source for I/ECMHC referrals from the community following this training. I have read the preceding information and the requirements for I/ECMHC and I fully agree to participate in all aspects of the training and fulfill all of the requirements in the Letter of Agency Support.

Participant Signature Date Supervisor Signature Date

Director Signature Date Preference Rank of Clinician # Supported by Agency

Please submit all documents including signed application, letter of interest, and resume or CV by e-mail to Lisa Negrini at lnegrini@usfsp.edu.

