

COR Northwest Family Development Center

1711 12th Ave
Seattle, WA 98122
(206) 443-9045

Child & Family Psychotherapy Training Program Application Form

- Secure Beginnings Certificate Training in Parent-Infant Psychotherapy
- Infant Observation Program
- Listening Mothers Training Program
- Certificate Training in Child and Family Psychotherapy

To be admitted as a Candidate in the Certificate Program, one must have a Master's degree, PhD or medical degree in a mental health field, hold a valid Washington State license, and show an aptitude for depth psychological work. Interested individuals from other academic disciplines will be considered for participation in the program on a non-clinical basis.

COR Northwest Family Development Center does not discriminate on the basis of age, race, and color, national or ethnic origin in its administration or educational policies. However, it is understood that applicants accepted to the COR Northwest Family Development Center will be fluent in the English language, written and spoken. Attempts will be made to accommodate the needs of program students with hearing, visual, and/or handicaps.

Identifying Information

Name _____ Birthdate _____

Home Address _____ Phone _____ Fax _____

City _____ State _____ Zip _____

Employer's Name _____

Address _____ Phone _____ Fax _____

City _____ State _____ Zip _____

Which address would you like us to contact you? Work or Home

Email address _____

Social Security Number (required by state of Washington) _____ - _____ - _____

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Professional Training

- A. Professional degree and field: _____
Granting Institution/Year: _____

- B. Please enclose a photocopy of your diploma and state license/registration/certification. Please enclose Curriculum Vitae, with training and professional experience.

- C. Prior courses in theory and/or technique re: psychoanalysis or psychoanalytic therapy:

| <u>Year</u> | <u>Course</u> | <u>Instructor</u> | <u>Institution</u> |
|-------------|---------------|-------------------|--------------------|
|-------------|---------------|-------------------|--------------------|

1)

2)

3)

(attach additional information sheets if necessary)

- D. Prior Psychoanalytic or Psychodynamic Individual and/or Group Supervision:

| <u>Year</u> | <u>Course</u> | <u>Instructor</u> | <u>Institution</u> |
|-------------|---------------|-------------------|--------------------|
|-------------|---------------|-------------------|--------------------|

1)

2)

3)

(attach additional information sheets if necessary)

- E. Personal psychoanalysis/psychotherapy. Completing this section is optional out of respect for privacy. This information is requested to assist in evaluation professional background and personal psychotherapy requirements. However, this information could be discussed in an individual interview, on a confidential basis, or excluded altogether. Also, you may complete the following and omit the name(s) of current or prior psychotherapists.

| <u>Year</u> | <u>Psychotherapist or Psychoanalyst</u> | <u>Frequency</u> |
|-------------|---|------------------|
|-------------|---|------------------|

1)

2)

3)

(attach additional information sheets if necessary)

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Additional Information

- F. Have two supervisors or colleagues (who are not relatives of yours) who are familiar with your clinical work and character write a letter of recommendation and send to COR Northwest Family Development Center, Att: Administrator.
- G. Tell us one to three pages why you are interested in entering this training program. Please make reference to some clinical experience(s), which have affected this decision.
- H. Please fill in the attached, Request for Criminal History Information sheet, and Criminal History and Background Inquiry.
- I. If you are an applicant for Secure Beginnings Parent-Infant Psychotherapy Program, please sign the contract.
- J. Please attach check for application fee of \$50.00 (Non-refundable) made out to COR NWFDC.
- K. Please mail completed application to COR Northwest Family Development Center; 1711 12th Ave.; Seattle, WA 98122.

Signature

Date

WASHINGTON STATE PATROL

Identification and Criminal History Section
PO Box 42633, Olympia WA 98504-2633

REQUEST FOR CRIMINAL HISTORY INFORMATION CHILD/ADULT ABUSE INFORMATION ACT RCW 43.43.830 THROUGH 43.43.845

(Instructions on Reverse Side)

A REQUESTING AGENCY/ADDRESS

Agency _____

Attn _____

Address _____

City/State/Zip _____

I certify this request is made pursuant to and for the purpose indicated.

Authorized Signature _____

Date _____

Title _____

Area Code/Phone Number _____

B PURPOSE

Check appropriate box

- Educational School District (ESD)/School District Volunteer - no fee
- Non-Profit Business/Organization - no fee (Excluding Schools & ESD's)
- Profit Business/Organization - \$10
- Adoptive Parent - \$10

Fees: Make payable to **Washington State Patrol** by cashier's check, money order, or business account.

C APPLICANT OF INQUIRY (please provide as much information as possible name and date of birth are mandatory)

Applicant's Name: _____
Last First Middle

Alias/Maiden Name(s): _____

Date of Birth: _____ Sex: _____ Race: _____
Month/Day/Year

Social Security Number: _____ Driver's Lic. Number/State: _____ / _____

Secondary dissemination of this criminal history record information response is prohibited unless in compliance with RCW 10.97.050.

D IDENTIFICATION DECLARING NO EVIDENCE WASHINGTON STATE PATROL IDENTIFICATION & CRIMINAL HISTORY SECTION

As of this date, the applicant named below shows no evidence pursuant to RCW 43.43.830 through 43.43.845.

Requesting Agency _____

Applicant's Signature _____

Applicant's Name _____

Address _____

City/State/Zip _____

WSP Use Only

Valid Two Years From Issue

Applicant Right Thumb Print (Optional)

**COR Northwest Family Development Center
Criminal History and Background Inquiry**

| | | | |
|-------------------|-------|--------|-----|
| Name of Applicant | | | |
| Last | First | Middle | |
| Address | | | |
| Street | City | State | Zip |

In order to assure the safety of our patients, we are required by law under RCW 43.43.834, to access the history of each of our providers.

Please tell us,

- | Have you: | Yes | No |
|---|--------------------------|--------------------------|
| 1. Been convicted of any crime against children or other persons? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Been convicted of crimes relating to financial exploitation if the victim was a vulnerable adult? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Been found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor or to have physically abused any minor? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Been found by a court in a domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Been found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person or to have abused or financially exploited any vulnerable adult? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Been found by a court in a protection proceeding under chapter 74.34 RCW, to have abused or financially exploited a vulnerable adult? | <input type="checkbox"/> | <input type="checkbox"/> |

If yes, state the date, place and nature of the proceedings:

Note: Attach a statement or explanation on a sheet of paper for any “yes” answer or for any question that you did not understand or any question you do not know how to answer.

I hereby certify that to my knowledge the above information and required attachments are true and correct. I understand fraud or non-truthful answers to any of these questions can serve as the basis for finding me unsuitable. I understand I may be prosecuted for perjury if my answers to questions 1-6 are not true.

Signature of applicant _____

Date _____