Application for the 2022 Child, Adolescent, and Family Behavioral Health Fellowship

The Foundation for Health Leadership and Innovation’s Center of Excellence for Integrated Care, supported by funding from The Duke Endowment, is seeking a cohort of 45 behavioral health providers interested in deepening their understanding and skills with providing pediatric and family preventative and interventive services. The pre-requisites for the clinicians are listed below.

* Participants must bring a sense of curiosity and excitement about their work. We ask that they be passionate about helping children, teens, and their families or caregivers. We also ask that they bring a sense of humility and willingness to explore areas of growth and kindly support others in doing the same.
* Participants must be provisionally, or fully licensed, behavioral health providers licensed to practice in the state of North Carolina
  + LCSW, LMFT, LCMHC, Psychologist,
* Participants must be willing to commit to joining a cohort of fellow behavioral health clinicians or a full year of monthly trainings.
* Participants must commit to serving as a peer supervisor during the second year of training to a second cohort of fellows, which will consist of regular check-ins and consultations.
* Participants must be willing to complete a pre and post-assessment before and after the training.
* Participants must be willing to complete and present a capstone project that will consist of at least a case consultation during the year of training and be willing to openly partake in giving and receiving feedback from one another, while respecting the limits of client confidentiality.
* While most trainings will take place remotely, two trainings may take place in person requiring some travel.
* Ideally providers are located within a primary care or child-focused facility or are seeking to eventually obtain that type of clinical placement.

If employed by a clinic or entity other than “self,” participants must provide a letter of support from a supervisor to participate in the fellowship, with confirmation of the understanding that these trainings will occur during clinic hours but will ultimately lead to enhanced clinical skills and include free continuing education.

APPLICATION

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| Name |  | | |
| Licensure type |  | How many years have you been practicing? |  |
| Place of Employment |  | Zip code |  |
| What insurance providers are you in network or paneled with?  (Include Medicaid, Medicare, and all other/private) | | | |
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| Please share a few sentences about your experience with children, adolescents, and/or families to date. You can include formal trainings and/or professional experience. | | | |
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| What about this potential opportunity most excites you? | | | |
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| Are there any topics that you would like to see covered? | | | |
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| With what populations do you currently work? | | | |
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| Are there any populations or conditions that you feel you would benefit from more training and supervision around? | | | |
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| What is your experience working with diverse populations? | | | |
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| What languages do you speak? | | | |
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| Is there anything else you would like to tell us about you and your work as it applies to this Fellowship that we have not previously asked? | | | |
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| I have read the above requirements for this commitment and am willing and excited to take part in this innovative effort to improve the lives of children and their families in North Carolina.  Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Please attach a signed letter of support from your direct supervisor. | | | |

**Submit to Dr. Lisa Tyndall, LMFT** [**lisa.tyndall@foundationhli.org**](mailto:lisa.tyndall@foundationhli.org) **by December 1, 2021**