

**Harris Infant and Early Childhood
Mental Health Training Institute**
*a program of Southwest Human Development's
Arizona Institute for Early Childhood Development*

**Infant/Family Clinical Practice Certificate Program
Application for Admission**

Please answer all of the following questions. If a question is not applicable please indicate by putting NA in the space.
PLEASE TYPE or PRINT

Name: _____
Last
First
Initial

Address: _____
Street
Apt. #

_____ City
State
Zip Code

Telephone Home: _____ Work: _____

Cell Phone: _____ E-Mail _____

EDUCATION:

List all colleges and graduate institutions that you have attended and each degree earned:

Institution	Years Attended	Major Field	Degree	Date

2. How do you see your career goals being supported by the Harris Infant & Early Childhood Mental Health Training Institute?

3. What is your formal training in child development & infant/early childhood mental health? If you have none, please say none.

4. Describe all clinical work with children under the age of three years and indicate setting(s) in which you did this work. If you have no such clinical experience, please say none.

APPLICATION ATTACHMENTS

- Three professional references.
- A current copy of your curriculum vitae or resume.
- A letter on your employer's letterhead from your supervisor or CEO stating that they are in support of your attending the training institute, including the monthly full-day classroom sessions, and that you have their permission to utilize agency clients for your clinical experience.
- If you are a student, a letter on university/college letterhead from your advisor stating that you are in good standing in your program and that you have a practicum experience that will provide clients birth to three years of age.
- Copy of your diploma(s).
- Three copies of your application and attachments. Be sure to mark the original as the original.

SIGN THE CONSULTATION STATEMENT

SIGN YOUR APPLICATION

INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED

PLEASE DO NOT FOLD YOUR APPLICATION OR THE COPIES

I understand and agree to the following:

The Harris training program makes a clear distinction between consultation, as provided by Harris faculty, and supervision, as provided by my place of employment, academic program, or other contracted arrangement. Clinical material discussed with Harris faculty is for the purpose of reflection and my professional development but is not meant to direct the course of individual cases. The responsibility for cases and clinical decisions through the course of my contact with clients rests with my clinical supervisor and myself.

Name – Printed

Date

Signature

Date

I certify that all statements provided in this application are true.

Name – Printed

Date

Signature

Date

Mail completed form, attachments and copies to:

**Monica Anderson Snyder, MBA
Mental Health Services Administrative Manager
Harris Infant and Early Childhood Mental Health Training Institute
Arizona Institute for Early Childhood Development
2850 N. 24th Street
Phoenix, AZ 85008**