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## **Current Clinical Experience**

Please indicate your level of proficiency with the following areas, using a scale of 0 – 5, where (0) indicates no experience and (5) indicates a high proficiency in the area.

Therapy/Care/Mod	el	Level of Profic	ciency		Explain the basis for your exponumber of clients treated, spe or other factors to be taken int	erience (i.e. provie ecialized training, to consideration)	ding examples o	f practice in the field	i,
Adolescent			~						
Adult	Adult		~						
Child									
Child abuse		~							
Crisis intervention		<u> </u>							
Evidence based treatn	nent								
Group psychotherapy				]					
Homelessness issues		<b>~</b>		]					
Individual psychothera	ару			]					
Integrated care			~	]					
Intimate partner violer	000		~						
Older adult			~						
			~						
OUD/SUD treatment		~							
Prenatal/postpartum	Prenatal/postpartum		~						
Primary care behavioral health		~							
Telehealth	Telehealth		~						
Trauma			~						
Additional Inform	ation		·						
Have you ever			Name(s) and years			List any supervisors			
utilized			of			you are			
an			experience			interested			
electronic			of			in working with			
health record?			system(s) used			wiui			
Site Preference									
	Efforts will be mad	de to accom	nmodate prefei	ences, howe	ver preferences cannot be	e quaranteed di	ue to program	matic and agend	v need
	Rank CHC site locations				-	5	. 3	3	•
			ere (1) designates pi	elerred and (10) i	east preferred.				
	View the map to see site								
	Please choose each nur	nber once							
Danbury/Norwalk (OUD/SUD		~				New	London/Groton		•
Concentration) Enfield		~					School Based		
Hartford						Stamfo	ord 5th/Franklin		
(Child Only)									
Meriden/New Britain (Key Populations Concentration)		~				Stam	ford West Broad (Child Only)		
Middletown/Clinton (Child Concentration)		~				(Health Psychology	aterbury/Bristol Concentration)		
Provide additional									
information for									
committee to consider						1,			
regarding your site preference									
preterence									

Resume/CV	Choose File	No file chosen
Statement of Interest	Choose File	No file chosen

## Reference

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	Profession	onal Referenc	e#1						
Name					Ema	ail		Phone	
	Profession	onal Referenc	e#2						
Name					Ema	ail		Phone	
	Profession	onal Referenc	e#3						
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		By checking this tatements to be tr			ally signing my nar	me, I	accept all the following		
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		Save & close		Cancel					