|  |
| --- |
| TAC STUDENT APPLICATION |

| Name |  |
| --- | --- |
| Address |  |
| Phone (office) |  |
| Phone (cell) |  |
| Email |  |

|  |
| --- |
| EDUCATIONAL BACKGROUND |

|  |  |  |  |
| --- | --- | --- | --- |
| **Degree** | **University** | **Area of Specialization** | **Year of Degree** |
| Undergraduate: |  |  |  |
| Graduate Degree(s): |  |  |  |

|  |
| --- |
| LICENSURE INFORMATION |

|  |  |
| --- | --- |
| Type of License |  |
| State of Licensure |  |
| License Number |  |
| Date License Current Through |  |
| **If under clinical supervision in preparation for clinical licensing, provide information on current clinical supervision and date that you anticipate sitting for the licensing exam** |  |

|  |
| --- |
| CLINICAL EXPERIENCE |

|  |  |  |  |
| --- | --- | --- | --- |
| **Dates (most current first)** | **Agency or Private Practice (name/address)** | **Supervisor** | **Nature of Practice** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| PERSONAL STATEMENT AND RESUME |

|  |
| --- |
| **Please provide a personal statement that addresses the following:**  1. Why you are interested in enrolling in TAC |
| 2. Your clinical background, including your areas of specialization, and how your clinical background prepares you to develop more advanced adoption competent knowledge and skills |
| 3. Your interest(s) in working with members of the adoption kinship network (adopted persons, prospective adoptive parents, birth parents and birth family members, adoptive families and kinship families) in clinical settings |
| 4. How you plan to incorporate the learning from TAC in your clinical practice or agency setting |
| 5. Any personal connection you have with adoption |
|  |

|  |
| --- |
| SUBMISSION |

**Please attach your resume to your completed TAC Student Application and submit to one of the following:**

Via Mail: UConn Health Adoption Assistance Program

263 Farmington Avenue, MC 6020

Farmington, CT 06030

Via Fax: 860-679-0130

Via Email: [aap@uchc.edu](mailto:aap@uchc.edu)

