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| TAC STUDENT APPLICATION |

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

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| EDUCATIONAL BACKGROUND |

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

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| LICENSURE INFORMATION |

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| --- | --- |
| 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** |  |

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| CLINICAL EXPERIENCE |

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| **Dates (most current first)** | **Agency or Private Practice (name/address)** | **Supervisor** | **Nature of Practice** |
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| PERSONAL STATEMENT AND RESUME |

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| **Please include 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 |

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| SUBMISSION |

**Submit your personal statement, resume and completed TAC Student Application 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)

**UConn Health**

**Adoption Assistance Program**

263 Farmington Avenue, MC 6020

Farmington, CT 06026

aap.uchc.edu – 860-679-4006