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| TAC STUDENT APPLICATION |

| Name |       |
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| 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

**UConn Health**

**Adoption Assistance Program**

263 Farmington Avenue, MC 6020

Farmington, CT 06026

aap.uchc.edu – 860-679-4006