 

**TAC Student Application**

**Personal Information**

**Name:** Click or tap here to enter text.

**Address:** Click or tap here to enter text.

**Phone: cell** Click or tap here to enter text. **office** Click or tap here to enter text.

**Email:** Click or tap here to enter text.

**Educational Background**

|  |  |  |  |
| --- | --- | --- | --- |
| **Degree** | **College/University** | **Specialization** | **Year of Degree** |
| **Undergraduate** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Graduate** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Other** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
|  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**Licensure Information**

**Type of License:** Click or tap here to enter text. **License#:** Click or tap here to enter text.

**State of License(s):** Click or tap here to enter text. **Renew date:** Click or tap here to enter text.

**If under clinical supervision in preparation for clinical licensure, provide information on current clinical supervision and date that you anticipate sitting for licensing exam:** Click or tap here to enter text.

**Clinical Experience in the past five years (list most current first)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Dates** | **Agency/Practice** | **Supervisor** | **Nature of Practice** |
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**Personal Statement and Resume**

**Please provide a brief, 1 -2 paragraph, personal statement that includes the following:**

* **Why you are interested in enrolling in TAC**
* **How has your background prepared you to develop more advanced adoption competent knowledge and skills**
* **Your interest and experience in working with members of the adoption kinship network in clinical settings (adoptees, prospective/current adoptive parents, birth parents/families, adoptive families, kinship families)**
* **How you can incorporate the learning from TAC in your clinical practice or agency setting**
* **Any personal connection you have with adoption**

**Submission**

Send this completed TAC student application, your resume, and your personal statement and submit to:

Veronica Burroughs, Project Manager, ODJFS

Veronica.Burroughs@jfs.ohio.gov