**TAC Student Application**

**Personal Information**

**Name:**

**Address:**

**Phone:**

**Email Address:**

**Educational Background**

|  |  |  |  |
| --- | --- | --- | --- |
| **Degree** | **School** | **Specialization** | **Year** |
| **Undergraduate** |  |  |  |
| **Graduate** |  |  |  |
| **Other** |  |  |  |

**Licensure Information**

**Type of License/State/Number:**

**Year received:**

**Renewal Date:**

**If under clinical supervision in preparation for clinical licensure, provide information on current supervision and date you anticipate sitting for licensure exam:**

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

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

1. Why you are interested in enrolling in TAC
2. Your clinical background, including areas of specialization, and how your background prepares you to develop more advanced adoption competent knowledge and skills
3. 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)
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**

Attach your resume and your personal statement along with your completed TAC student application and submit to:

Mindy Mauk, Project Manager, Ohio Department of Children and Youth (DCY)

mindy.mauk@childrenandyouth.ohio.gov