



TAC Student Application

Personal Information

Name:

Address:

Phone: cell

office

Email:

Educational Background

Degree	College/University	Specialization	Year of Degree
Undergraduate			
Graduate			
Other			

Licensure Information

Type of License:

License#:

State of License(s):

Renew date:

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

Clinical Experience (list most current first)

Dates	Agency/Practice	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 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:

Leslie Keenan

Leslie@FamilyHopeHouse.org

(918)488-8002 phone

(918)488-8028 fax