

APPLICATION FOR ADMISSION TO THE

CAPSTONE CERTIFICATE PROGRAM IN

INFANT, EARLY CHILDHOOD AND FAMILY MENTAL HEALTH

2017-2018

All program students will be selected through an application process. The application process includes:

* Admission as a University of Wisconsin Special Student <http://continuingstudies.wisc.edu/advising/apply.htm>
* Completion of this Capstone Application and Supporting Materials

**Apply by May 31, 2017 for first consideration for admission and scholarships.**

**Applications will continue to be accepted, as space is available.**

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| Contact Information |

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Middle Last

Home Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State Zip

Daytime phone (please specify home, work, cell): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Professional License and/or Credential Data (Please include a photocopy of each license or credential) |

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| Type of License or Credential | Issuing State Board or Professional Organization | License or Credential # | Effective Date | Expiration Date |
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| Education (Please list all colleges and universities attended in chronological order.) |

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| --- | --- | --- | --- | --- |
| Institution | Years Attended | Major Field | Degree | Date Conferred |
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If you are currently in a degree program, please provide the following information:

* Institution in which you are enrolled:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Degree for which you are enrolled:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Discipline:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Expected date of completion:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Employment History (Please list most relevant employment in chronological order.) |

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| --- | --- |
| Employer/Location |  |
| Employment title or job (role) |  |
| Dates of employment |  |
| Typical percent time dedicated to serving expectant parents, children age birth to six and their families |  |
| Briefly describe your work in this setting: | |

|  |  |
| --- | --- |
| Employer/Location |  |
| Employment title or job (role) |  |
| Dates of employment |  |
| Typical percent time dedicated to serving expectant parents, children age birth to six and their families |  |
| Briefly describe your work in this setting | |

|  |  |
| --- | --- |
| Employer/Location |  |
| Employment title or job (role) |  |
| Dates of employment |  |
| Typical percent time dedicated to serving expectant parents, children age birth to six and their families |  |
| Briefly describe your work in this setting: | |

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| Current Professional Experience |

A. Indicate the type of setting (s) you work in. Check all that apply:

Private/not-for-profit agency Health Clinic Self-employed

Public /Private school Public or governmental agency Private Practice Birth to Three Program Hospital Home visiting

Child care Mental Health Clinic Other, list:

University/College Head Start/Early Head Start \_\_\_\_\_\_\_\_\_\_\_\_\_

Will your work setting provide you with opportunities for interacting with young children under the age of six and their families?

\_\_\_\_\_ Yes

\_\_\_\_\_ No, I will need help identifying for these experiences.

B. Estimate the percent time you currently spend in the following activities during a typical week:

\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ =100%

Direct Service Supervision Administration Training Public Policy Other/List

C. Estimate the percent time you currently spend serving or performing activities for children of the following ages (or their families) during a typical week:

\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ =100%

Prenatal Birth to 12 mo. 12-24 mo. 24-48 mo. 48-60 mo. Other/list

D. Estimate the percent time you currently spend working in the following areas with children birth to six and their families:

\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ =100%

Early Care Prevention Screening Assessment/ Intervention/ Psychotherapy Other/List

& Education Diagnostic Treatment

Evaluation

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| Personal Background |

Please respond briefly to the following questions (1-2 paragraphs per question):

1. What course work and professional development have you had in the following areas:
   1. Child development \*
   2. Infant and early childhood mental health
   3. Work with families

\* All accepted applicants will be asked to read this book on Child Development over the summer prior to the first class of the Capstone Certificate Program in September:

*Davies, Douglas (2011). Child Development: A Practitioner’s Guide, Third Edition*

A PDF Link to Book: <http://www.imd.inder.cu/adjuntos/article/378/Child%20Development%20A%20Practitioner's%20Guide.pdf>

1. Share any experiences you might have had with mentoring, supervision and/or reflective practice (i.e., time to reflect upon your work with a mentor or supervisor).
2. Share your beliefs about the role of parents and/or caregivers in therapeutic and other intervention processes.
3. What do you believe it is about you and your life experiences that have contributed to your interest in the field of infant/early childhood mental health?
4. Briefly describe the range of diversity in the children (birth to six) and families you serve and how your work reflects an awareness of cultural differences.

# For purposes of the Capstone Certificate in Infant, Early Childhood and Family Mental Health, “diversity” will be construed as encompassing: values, beliefs, practices, age, gender, sexual orientation, ethnicity, race, class, country or place or origin, religious and spiritual beliefs, physical characteristics and attributes, motor abilities, cognitive ability, socio-economic status, living location and situation, communication abilities (e.g., speaking and reading), functional challenges, family constellation, and other perceived differences. Each individual and family has a unique experience and expression of culture, and no single element or variable can be generalized to describe the cultural experience and expression of any group or individual (e.g., Hispanics, women, special needs, etc.). Adopted from the Infant-Parent Mental Health Post-Graduate Certificate Program, University of Massachusetts-Boston.

1. How will the Capstone Certificate Program in Infant, Early Childhood and Family Mental Health enhance your future work with young children and families?
2. What are your hopes for what you would like to do with the knowledge and skills that you gain through participating in the Capstone Certificate Program?

8. What questions do you have about other ways you may use the knowledge and skills gained through the Capstone Certificate Program that are within your scope of practice or future career development plans?

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| Application Checklist |

A completed Capstone Certificate Program application includes the following:

☐ Application for admissions as a University of Wisconsin-Madison Special Student

<http://continuingstudies.wisc.edu/advising/applycapstone.htm>

☐ Completed Capstone Certificate Program Application Form

☐ A current resume or curriculum vitae (CV)

☐ One set of official transcripts from the undergraduate and graduate institutions you attended that include documentation of a course in infant and/or early childhood development among other coursework and degrees you have completed

☐ Two letters of reference-

One letter should be from a supervisor who is acquainted with your applied experiences. Both letters should speak to your professional qualifications.

☐ For licensed individuals, copies of current licenses and/or credentials

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Name-Printed/Typed Date

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Signature (electronic acceptable) Date

**If you would like to be considered for a scholarship, please** **complete this Scholarship Application Form as the final step in your application to the UW Infant, Early Childhood and Family Mental Health Capstone Certificate Program for the class of 2017-2018:**

<https://uwmadison.co1.qualtrics.com/jfe/form/SV_72JDMJAtysvnPgx>

**SUBMIT APPLICATION BY EMAIL ATTACHMENT, MAIL or FAX TO:**

**Email to:**

Lynn Sankey Program Coordinator

UW Infant, Early Childhood and Family Mental Health Capstone Certificate Program

lcsankey@wisc.edu

***Subject:*** *UW Infant, Early Childhood and Family Mental Health Capstone Certificate Program Application*

**Mail to:**

UW Infant, Early Childhood and Family Mental Health Capstone Certificate Program

WisPIC/Department of Psychiatry

6001 Research Park Blvd.

Madison, Wisconsin, 53719

**FAX to:**

608-263-0265

***Attention:*** *UW Infant, Early Childhood and Family Mental Health Capstone Certificate Program Application*