

Name:
Current Graduate Program (if applicable):

Application for Family Trainee Leadership Education in Neurodevelopmental and related Disabilities (LEND) Training Program

**Division of Developmental and Behavioral Pediatrics,
Cincinnati Children's Hospital Medical Center
and University of Cincinnati**

**University Center for Excellence in
Developmental Disabilities Education, Research and Service**

Application Checklist

Cover letter describing your interest in The LEND Program

Completed application form (this document)

Copy of resume/curriculum vitae

Send cover letter, completed application, resume/curriculum vitae by email to
LENDTraining@cchmc.org

Arrange to have two letters of recommendation (or completed recommendation forms) sent or emailed directly to the address below by your references.

Copy of graduate transcript (to date or final; unofficial copy is acceptable; this is required for applicants who have already completed a graduate degree or who are enrolled in a graduate program)

Are you legally eligible for employment in this country? Yes No
(Proof of US Citizenship for permanent resident status will be required if you will be receiving a stipend.)

Jennifer Smith, PsyD, BCBA-D
LEND Program Director
Cincinnati Children's Hospital Medical Center
Division of Developmental and Behavioral Pediatrics
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Cincinnati, Ohio 45229
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FAX: (513) 803-0072
Email: LENDTraining@cchmc.org

FAMILY TRAINEE PROGRAM APPLICATION

Application Date _____

Name _____

Home Address:

Street _____

Apt # _____

City, State, Zip _____

Work Address (if applicable):

Company _____

Address _____

Suite _____

City, State, Zip _____

Phone (Home) _____

Phone (Cell) _____

E-Mail _____

CHILD'S DIAGNOSIS: _____

EDUCATION:

Degrees Earned (If Applicable):

College/University	Degree	Date of Graduation	Major/Discipline

Current University/Department/School and Address (if Applicable):

University _____

School/Department _____

Address 1 _____

Address 2 _____

City/State/Zip _____

Degree in Progress (If Applicable) _____

Discipline of Current Degree Program: _____

Name of Training Director _____

REFERENCES: List names, addresses, phone numbers, and e-mail addresses of individuals who will be forwarding letters of recommendation to us.

Name	Mailing Address	Phone Number	Email Address

PLEASE CHECK AREAS OF EXPERIENCE:

Parent/Professional Collaboration

Early Intervention

F.S.P. (Individualized Family Service Plan)

I.E.P. (Individualized Education Plan)

I.S.P. (Individualized Service Plan)

I.T.P. (Individualized Transition Plan)

Accessing Services (please specify):

Family Support Services (FSS)

Transition Services

Medicaid Waiver Services

Foster Care

Loss and Change

Parent-to-Parent Support

Grant Writing

Public Speaking

Assistive Technology

Public Policy/Advocacy

Other:

Workshops/Training/Presentations in Family Issues that you have attended:

Title of Conference, Workshop, Presentation	Sponsoring Organization	Date(s)	Location

Workshops/Training/Presentations in Family Issues in which you have made presentations

Title of Conference, Workshop, Presentation	Sponsoring Organization	Date(s)	Location

Associations/Organizations in which you are a member:

Community Volunteer Experiences:

Advisory/Governing Board, Council, Committee Membership:

Honors and Awards:

How has having a child with special needs impacted your life?

In addition to the qualifications you've listed in this application, are there any additional experiences that you feel have helped make you a good candidate for the LEND program?

What skills do you hope to develop through the LEND program?

How do you see yourself applying what you learn in the LEND to your future activities?

How did you hear about the LEND Program?