

Application for Training of Trainers
Competencies for Assessing and Managing Suicide Risk

Personal

Name: Last _____ First _____ MI _____
Title (Dr., Mr., Ms...): _____ Profession: _____
Highest Degree: Ph.D. M.D. M.S.W. M.A./M.S. M.N.
 Other (please specify) _____
Institution/Date Awarded: _____
State of Licensure: _____ Year last issued: _____ # Years in clinical practice: _____
Mailing Address: _____
City _____ State _____ Zip _____
Email address: _____
Daytime phone: () _____ @ _____
Fax No.: () _____
Current State of Residence (if other than address above): _____

Optional

Gender: M F
Do you consider yourself to be Spanish/Hispanic/Latino Yes No
Do you consider yourself to be Caucasian African-American/Black/Negro
 American Indian or Alaska Native Asian/Pacific Islander
 Other: _____

Professional Practice (Attach additional sheets as necessary)

Current Employer: _____
Address: _____
City _____ State _____ Zip _____
Phone #: () _____ Fax No: () _____
Website (if available); _____
Length of employment: _____ years
Position title: _____

I wish to be considered as a candidate to become a trainer primarily in the following training program:

(Check one) _____ Clinical _____ College/university _____ EAP

If you checked Clinical:

History/experience in outpatient practice (inclusive of date started and # years):

History/experience in inpatient psychiatry unit (inclusive of date started and # years):

Name _____

IF you checked College/University:

History/experience in College/University Counseling/Student health setting (inclusive of date started and # years):

IF you checked EAP:

History/experience in EAP setting (inclusive of date started and # years)

For all program candidates, please highlight your teaching/public or professional lecturing/training experience:

For all program candidates, please document your familiarity with subject matter (please specifically note all relevant experiences or make reference to items in your CV)

Please describe your cultural competence with specific racial and ethnic minority populations. Include in your response your access to train providers who serve racial and ethnic minorities.

Please specify the frequency per quarter which you are available to travel to conduct fee-based training workshops: _____

Please Note: There are a limited number (approximately 12) of fully funded scholarships available for this training. We anticipate that competition for these will be intense.

Submit application and supporting documents (license and copy of current CV) no later than 31 January via Fax to: 202/237-2282 or mail to: AAS, 5221 Wisconsin Ave., NW, Washington, DC 20015
