

RIGHT START

— FOR COLORADO —

Application Questions

- First and Last Name
- Phone Number
- Email Address
- Secondary Email Address (e.g., personal email)
- Mailing Address
- Degree/Credential (PhD, PsyD, LCSW, LMFT, LPC)
- Ethnicity
- Current Employer
- What county/counties do you predominantly serve?
- Please describe your current professional role, including the amount of time in your position that you spend screening, assessing, and providing mental health therapy to young children ages 0-5.
Please note this is asking about the time YOU spend in your current role, not the agency/team you are a part of.
- Please briefly describe your team/organization/agency- do you work on a team? In independent practice? Is the entirety of your team/organization dedicated to serving children birth to five?
- What percentage of your time professionally is spent serving the following populations?
 - Children ages birth to five
 - Pregnant and postpartum people
- What language(s) do you speak professionally?
- Please estimate the percentage of your clients, children ages birth to five or pregnant individuals, who you provide services to in Spanish:
 - None
 - Under 25 percent
 - 26 to 50 percent
 - 51 percent to 75 percent

- 76 to 100 percent
- Do you currently have an IMH-E® and/or ECMH-E® endorsement? If so, what level?
- Do you currently receive supervision from a supervisor who holds a category III or IV IMH-E® endorsement?
- Please select which of the following clinical interventions/assessments in which you have already received training and use regularly:
 - Child Parent Psychotherapy
 - Circle of Security-Parenting
 - Trauma-Focused Cognitive Behavioral Therapy
 - Parent Child Interaction Therapy
 - DC:0-5™ Clinical Training Institute
 - Relationship based infant mental health assessment procedures
 - Diversity-Informed Tenets for Infants, Children and Families
 - Postpartum Support International (PSI) 2-Day Perinatal Mood and Anxiety Disorders Training
- What excites you most about this opportunity?
- How do you plan to integrate this experience into your professional role?
- What barriers do you anticipate in participating in this community of practice, and how will you manage these barriers?
- Please state your agreement to complete *brief* online data collection surveys from us quarterly. Data collection questions will likely include asking for the number of families that are receiving EBP's as a result of your trainings with Right Start for Colorado, as well as information about your overall experience with the community of practice.
- Can you commit to the amount of training time noted in the announcement/on the website?
- Upload CV/resume
- Upload Letter of Support