

Brooklyn LEND Training Program

Leadership Education in Neurodevelopmental and related Disabilities

Application Form

LEND@downstate.edu

Please use the checklist below to complete your LEND program application:

- _____ Complete the entire application form
- _____ Attach resume/curriculum vitae
- _____ Attach a personal statement (1-2 pages) that addresses all four questions below. If you are applying as a *Family member* or a *Self-advocate*, please answer only the first question in your statement, questions 2, 3, and 4 are optional.

- 1) What is your motivation to apply to the LEND program?
- 2) What are your previous experiences in leadership and in working with individuals with ASD or other neurodevelopmental disabilities and their families?
- 3) How will you incorporate the LEND program into your training in the coming year?
- 4) How you will apply new knowledge and skills from the LEND program in your work with individuals with ASD or other neurodevelopmental disabilities and their families in your future career?

- _____ In addition, you must provide information about two references who will complete and submit LEND recommendation forms to us. One of these references should be a program chair if you are a current student or your clinical supervisor if you are not a student. Applicants must fill out the top section of recommendation forms before sending it to the persons making the recommendations.

- _____ Attach a redacted writing sample of a clinical assessment, report, or other evaluation. (If possible a person with ASD, if not with other neurodevelopmental disability).
A writing sample is not required if you are applying as a Family member or a Self-advocate.

Please send all application materials to: LEND@downstate.edu

For assistance or information regarding this form please email us with your daytime telephone number and preferred times to reach you



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Application Date: _____

Applicant's Last Name: _____ **First Name:** _____

Home Address:

Street address (Line 1) _____

Street address (Line 2) _____

City _____ State _____ Zip code _____

Preferred email address: _____

Alternate email address: _____

Phone where you may be contacted during business hours: _____

Race/Ethnicity/Age Range: One of the goals of the LEND program is to “engage diverse cohorts of trainees and faculty, including those from underrepresented racial and ethnic groups, geographic regions and other factors reflecting the broader population”.

Therefore, race/ethnicity/age range information is required for each applicant for a traineeship. Please check which of the following you identify yourself as (you may select more than one):

Race:

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

Ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino

Age range: 18-24 25-34 35-44 45-54 55+

Are you legally eligible for employment in the USA? (Proof of US citizenship or immigration status will be required if you will be receiving a stipend.)

- Yes No

Application Form

Your discipline or specialty (current or planned):

- | | |
|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Applied Behavioral Analysis | <input type="checkbox"/> Pediatric resident, fellow or attending |
| <input type="checkbox"/> Audiology | <input type="checkbox"/> Physical Therapy |
| <input type="checkbox"/> Dentistry student or subspecialist | <input type="checkbox"/> Psychiatry resident, fellow or attending |
| <input type="checkbox"/> Disability studies | <input type="checkbox"/> Physician Assistant |
| <input type="checkbox"/> Family Medicine resident, fellow or attending | <input type="checkbox"/> Psychology |
| <input type="checkbox"/> Family member (parent or sibling of individual with ASD or neurodevelopmental disability) | <input type="checkbox"/> Public Administration |
| <input type="checkbox"/> Fellow: specialty: _____ | <input type="checkbox"/> Public Health |
| <input type="checkbox"/> Health administration | <input type="checkbox"/> Recreation/Dance/Movement Therapists |
| <input type="checkbox"/> Human genetics / genetic counseling | <input type="checkbox"/> Rehabilitation/Vocational Counseling |
| <input type="checkbox"/> Internal Medicine resident, fellow or attending | <input type="checkbox"/> School Psychology / school counseling |
| <input type="checkbox"/> Licensed creative arts therapists | <input type="checkbox"/> Self-advocate (individual with ASD or neurodevelopmental disability) |
| <input type="checkbox"/> Licensed Professional/Mental Health Counseling | <input type="checkbox"/> Social Work |
| <input type="checkbox"/> Medical student | <input type="checkbox"/> Special Education / Education |
| <input type="checkbox"/> Neurology resident, fellow or attending | <input type="checkbox"/> Speech Language Pathology |
| <input type="checkbox"/> Nursing | |
| <input type="checkbox"/> Nutrition | |
| <input type="checkbox"/> Occupational Therapy | |
| <input type="checkbox"/> Other: _____ | (please describe further in your personal statement) |

Current University/College _____

(If you are currently not enrolled in a university/college, enter "NA" in these fields)

Department or School _____

Address _____

Degree in progress _____

Name of your program director _____

List other degrees that you have completed (enter N/A in these fields if you have not earned any degrees in the past):

Degree	College/University	Major/Discipline	Degree Date
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Application Form**Are you interested in being a:**

- Long Term Trainee (LTT) (300+ hrs/year)
- Medium Term Trainee (MTT) (40 – 149 hrs/year)
- Short Term Trainee (STT) (1-39 hrs/year)

Have you previously completed another LEND program or are you currently a trainee at another LEND program?

- Yes No

If yes, please provide the name of the institution that hosted/hosts the program and whether you were/are a LTT, MTT or STT.

Recommendations:

List names, addresses, phone numbers, and e-mail addresses of two individuals who will be forwarding LEND Trainee Recommendation Form to us.

1.

Name _____

Street address (Line 1) _____

Street address (Line 2) _____

Phone _____

Email _____

2.

Name _____

Street address (Line 1) _____

Street address (Line 2) _____

Phone _____

Email _____



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Please indicate with a check below your availability to participate in LEND Training/Didactic experiences:

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning 8am-12pm							
Afternoon 12pm -4 pm							
Evening 4pm-8 pm							
Other							