



**CONNECT
ENRICH
ACHIEVE**

California Association of Marriage and Family Therapists
7901 Raytheon Road, San Diego, CA 92111-1606
Phone: (858) 292-2638 | Fax: (858) 292-2666 | www.camft.org

**2016-2017 CAMFT BOARD CANDIDATE
FOR CLINICAL DIRECTOR-AT-LARGE
INFORMATION AND BACKGROUND APPLICATION**

DEADLINE FOR RECEIPT OF APPLICATION

Full and complete applications must be received by the CAMFT Administrative office by 4:30 pm on Monday, February 27, 2017. Applications received after this time will not be accepted, regardless of date of postmark.

INSTRUCTIONS

This application contains fillable form fields. To complete the application, follow these directions:

1. Save the application to your computer.
2. Open the saved application with your PDF reader (i.e., Adobe Reader). Form fields should be visible. If you do not see the form fields, click on “Highlight Existing Fields” on the top right-hand corner of your screen.
3. Click inside the first form field and type your answer. To move to the next field, click inside the highlighted field or hit Tab. To move to a previous field, hit Shift + Tab at the same time.
4. Be sure to respond to all questions and provide professional references and resume.
5. To submit your application, send to Andrea Redd in one of three ways:
 - a. Email your complete application and all additional pages to aredd@camft.org;
 - b. Fax your complete application and all additional pages to (858) 292-2650, Attention: Andrea Redd; OR
 - c. Mail your complete application and all additional pages to: CAMFT, Attn: Andrea Redd, 7901 Raytheon Road, San Diego, CA 92111-1606.

CONTACT & GENERAL INFORMATION

Name Relevant degree(s)

Home Address

Bus. Address

Phone: (Day) (Evening)

Email Address
(All Board and Committee Members shall be e-mail accessible)

Occupation

Number of years as a CAMFT Member

EDUCATION & LICENSE INFORMATION

List all licenses which you hold and the date each license was issued. (Note: You are considered to be licensed if you hold an active, inactive, delinquent or retired license.)

<u>License:</u>	<u>Date Issued:</u>
<u>License:</u>	<u>Date Issued:</u>
<u>License:</u>	<u>Date Issued:</u>

From what school did you graduate that qualified you for each license?

DISCLOSURE OF ADVERSE ACTION

Are you a party to any litigation, or are you or have you been involved in any other legal proceeding that may adversely affect the Association or the profession, should you be elected to serve on the Board?

Yes No

If yes, please explain on a separate page.

Has any licensing board, regulatory body, or ethics/peer review committee of a professional association ever taken any disciplinary action against you or a license/registration/certification held by you?

Yes No

If yes and action was taken by a licensing board or regulatory body or an ethics/peer review committee of a professional association OTHER THAN CAMFT, please attach a detailed explanation.

If yes and the matter involves an action taken by the CAMFT Ethics Committee, please indicate below and provide your consent, below, acknowledging that your application will be forwarded to the CAMFT Ethics Committee to provide a recommendation regarding your application. In providing its recommendation, the Ethics Committee would not divulge information regarding the nature of your case.

____ I consent to my application being forwarded to the CAMFT Ethics Committee to provide a recommendation.

BOARD POSITION

Position for which you wish to apply:

[] Clinical Board Director-at-Large (Appointed by CAMFT Board of Directors to serve through May 31, 2017.)

BACKGROUND & EXPERIENCE

Describe your past and current activities within CAMFT or CAMFT Chapter.

Describe any community activities you have or are involved in, including the offices held.

List the special interest(s) in your clinical practice or internship.

Describe your education, training and/or experience which has qualified you for MFT licensure:

What are the reasons you would like to serve as a member of the Board of Directors of CAMFT?

What strengths do you have in your background and/or experience that are relevant to your candidacy?

What aspect of being a Board member will help you meet your personal goals?

What CAMFT programs/activities interest you and why?

What new programs/activities would you like to see CAMFT embark upon? What do you think would make CAMFT more effective?

What aspects of the office you seek are most and least attractive to you?

What is your five year vision for CAMFT?

What is your one year vision for CAMFT?

PROFESSIONAL REFERENCES

Please provide three (3) professional references with your application. Please include all information for each reference:

(1) Name and Title

Address

Phone Number

Email Address

Number of years you've known this person

Nature of your relationship

(i.e., employer, colleague, professor, etc.)

(2) Name and Title

Address

Phone Number

Email Address

Number of years you've known this person

Nature of your relationship

(i.e., employer, colleague, professor, etc.)

(3) Name and Title

Address

Phone Number

Email Address

Number of years you've known this person

Nature of your relationship

(i.e., employer, colleague, professor, etc.)

RESUME

Please attach your most current resume to your application.