

Umpqua Health Alliance is working with the System of Care to bring education and training around disordered eating to Douglas County. The opportunity will be made available for 7 clinicians in the county interested in becoming certified in treating eating disorders through IAEDP, the International Association of Eating Disorder Professionals.

These are scholarship opportunities funded through a system of care grant in an attempt to meet a need that was brought forward by community partners. Umpqua Health Alliance and the committed community partners of the system of care are dedicated to working together to continue to meet the needs of our system.

Who Can Apply:

* Master’s Level Therapists
* Psychologists
* RD/RDNs
* Nurses

What is Required to Apply:

* Application
* Resume and/or CV
* 2 letters of references: A professional reference that can speak to clinical skills; a personal reference
* A letter of support from current agency speaking to capacity to take new clients and a commitment to prioritizing and caseload allocation around referrals for disordered eating

Please feel free to look more into the certification process at : <http://www.iaedp.com/certification-overview/>

Application packets are due by: \_\_\_\_\_\_\_\_\_\_\_  
Please email completed applications and associated materials to DouglasSOC@Umpquahealth.com



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| **Application for Certification Training in Disordered Eating** | | | |
| PERSONAL INFORMATION – PLEASE PRINT ALL INFORMATION | | | |
|  | | | |
| Name | | | |
| Last First Middle Initial | | | |
| Present Address | | | |
| Street City State Zip | | | |
| Phone Numbers Cell ( ) Home ( ) | | | |
|  | | | |
| **Insert instructions for ranking questions** | | | |
| Statement of Commitment to Community Practice: | | | |
| This program requires a 2-year commitment to practicing and serving the Douglas County area. By continuing this application, you acknowledge and agree to this statement. Please initial to acknowledge you understand and agree with this  Initial \_\_\_\_\_\_\_\_ | | | |
|  | | | |
| Questions: Please keep answers to a 250-word maximum | | | |
| 1: What motivates you to apply for this certificate? | | | |
|  | | | |
| 2: How will participating in this training cohort have a positive impact on your agency? | | | |
|  | | | |
| |  |  |  |  | | --- | --- | --- | --- | | **Please rank the impact your  participation would have on your agency.** | Unsure | Moderate Impact | Significant Impact | | | | |
|  | | | |
| 3: Explain how you would be able to dedicate time to referrals for individuals who are affected by disordered eating | | | |
|  | | | |
| **Please select which option most closely resembles where your organization is with the referral process.** | No plan currently | Emerging plan; developing framework | Plan in place with agency involved |

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| --- | --- | --- | --- |
| 4: Please speak to your experience working with community partners and outside agencies to collaborate in providing care. | | | |
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| |  |  |  |  | | --- | --- | --- | --- | | **How would you rank your experience in collaborating with community partners** | No experience | Some experience | Extensive experience | | | | |
|  | | | |
| 5: Please describe your personal beliefs around body weight, how it can affect health, and identify any personal bias you might have in this area. | | | |
|  | | | |
| **REFERENCES:**  Please attach a professional reference as well as a letter of recommendation from a personal reference of your choosing. (refer back to cover sheet) | | | |
| **Name** | **Telephone Numbers** | **Occupation** | **Years known/nature of relationship** |
| 1  Professional Reference | Cell:  Work:  Email: |  |  |
| 2  Personal Reference | Cell:  Work:  Email: |  |  |
|  |  |  |  |

**Applications are due by August 23rd.**

**Applications can be returned to DouglasSOC@Umpquahealth.com**