**Optum TERM Network**

**TERM Evaluator Provider:**

**Specialty Addition Application**

**Paneled TERM Provider(s) ONLY requesting to add a Specialty (i.e. Modality, Age Range, Evaluation Type, Area of Competence and General Clinical Expertise and/or Safety Threats and Risk Factors)**

Prepared By:

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TERM EVALUATOR SPECIALITY ADDITION APPLICATION

San Diego County Mental Health Plan for TERM Network

Dear TERM Evaluator:

This application is intended for providers who are currently contracted and paneled on the Optum Public Sector Treatment Evaluation and Resource Management (TERM) Network as an Evaluator.

**Optum TERM Network**

# Optum TERM is a mental health program developed under the direction of the Board of Supervisors and managed by Optum Public Sector San Diego through a contract with the County of San Diego Health & Human Services Agency (HHSA) Behavioral Health Services. The Optum TERM mission is to improve the quality and appropriateness of mental health services provided to the clients of HHSA CWS and Juvenile Probation. In addition to contracting and credentialing providers Optum is responsible for monitoring the work of the TERM network providers through a quality review process. You can obtain additional information about Optum TERM at the website: <https://www.optumsandiego.com> or you can contact Optum TERM staff directly at 1-877-824-8376 (Option 4).

**Application Process** (*An Application Does Not Guarantee the Addition of New Specialties)*

Enclosed is the application for providers who are requesting the addition of a Specialty that includes a modality, age range, area of competence and general clinical expertise and/or safety threats and risk factors to his/her provider profile for services that may be rendered to San Diego County Child Welfare (CWS) TERM clients. An application checklist is included to assist you in collecting all the required documentation. Please ensure your curriculum vita is current and includes the clinical experience and training necessary to support the specialties requested on your application. To begin the application process, please submit the completed application and supporting documentation to:

Optum Public Sector

Attention: Provider Services

P.O. Box 601370

San Diego, CA 92160-1370

Fax : 877-309-4862

Email : [sdu\_providerserviceshelp@optum.com](mailto:sdu_providerserviceshelp@optum.com)

If you have any questions, please contact **Provider Services at 1-877-824-8376, Option 3.** We appreciate the opportunity to work with you in serving the clients of the County of San Diego.

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Please print or type your answers to all questions. If further space is needed for you to provide complete answers, please attach additional sheets of paper and indicate on the sheet the applicable question number.

A practitioner must be contracted and paneled on the Optum Public Sector Treatment Evaluation and Resource Management (TERM) Network.

Please use this checklist to confirm that you have included all of the following information in your application packet.

|  |  |
| --- | --- |
| **Application Checklist – Specialty Addition for TERM Panel** | |
|  | **C Curriculum Vitae (CV) -** It is very important that your CV be detailed including descriptions of relevant education, training, and professional experience conducting evaluations, populations evaluated, and types of referral questions addressed.  This detail is required to approve you to evaluate various age groups or specialties.  Include the dates and locations of education and post-graduate training |
|  | **CEUs** – copies of all CEUs that support the specialty criteria must be included with the application. Please note some CEUs may support multiple specialties. |
|  | **Certification –** Certificate must be submitted when required by the specialty criteria as stated in this application |
|  | **Attestation – Application Process Reviewed and Understood:** on page (4) must be signed and dated. |
|  | **Attestation – Children & Adolescents with Sexual Behavior Problems Evaluation: Probation - Involved Youth:** (*When applicable)* on page (14) must be signed and dated. |
|  | **TERM Evaluator Clinician Specialty Requirements:** on page (17) must be signed and dated. |
|  | **Pages 5 - 13: Only Complete the Pages that Contain the Specialty Information You Are Requesting to Add** |
|  | **Signatures:**  required on pages 3 & 17 |

**IMPORTANT: Review of the CV is completed by TERM clinicians based on the following:**

**Glossary of Application Terminology and Requirements**

**Training:** For the purpose of completing the TERM Panel Application, the word “training” refers to any Continuing Education Units (CEUs) that you acquire in effort to stay current with the specialty you are requesting approval for. Training can also include formal, didactic learning that is obtained by attending courses that are specific to the specialty.

**Supervision/Consultation:** For the purpose of completing the TERM Panel Application, “Supervision and/or Consultation” refer to obtaining clinical supervision and/or in consultation with peers who have experience with the specialty you are attesting to.

**Experience:** Refers to any direct practice, therapeutic treatment, and/or psychological evaluations of children and/or adults in the areas of competence and/or diagnoses you are attesting to, as the *primary* focus of treatment and/or evaluation.

**Clarification:** Clarification of your experience, training and/or supervision/consultation may be requested during the application process. If “clarification” is requested under any area of competence and/or diagnoses, TERM is requesting specific, detailed information of your experience, training and/or supervision/consultation.

**Curriculum Vitae (CV):** A record of your academic and professional achievements. A CV is a thorough account of your professional training and experience. Please include a CV with your TERM Panel Application and ensure it includes detailed information of your training, supervision/consultation, and experience treating and/or performing psychological evaluations in each of the areas of competence and diagnoses you are attesting to.

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San Diego County Mental Health Plan for TERM Network

**Last Name**: Click here to enter text. **First Name**: Click here to enter text. **MI**: Click here to enter text.

**License Type:**  MD/DO  Psychologist ( PhD  PsyD)

**Email:** Click or tap here to enter text.Phone Number: Click or tap here to enter text.

**License Number**: Click here to enter text.

**Optum Application Process for the County of San Diego TERM Network (Evaluator)**

**Curriculum Vitae (CV):** Must be current and include the clinical experience and training necessary to support the specialties requested on this application. Include descriptions of populations, specialties, and disorders treated, and the theoretical orientation of the work. This detail is required to approve you to treat various age groups or specialties. Include the dates and locations of education and post-graduate training.

* **Important: The CV submitted with the application** will be reviewed for the education, clinical experience and training to support the specialties requested on this application.
  + If the CV does not support the education, clinical experience and training for the specialties requested on this application you will receive notification that your application has been removed from further consideration.
  + You are welcome to reapply in 6 months

**Application:**

* TERM Clinician Specially Requirements (Evaluator): on page (14) must be signed and dated.
* Optum will require documentation to verify you meet the criteria outlined under TERM Clinician Specialty Requirements pertaining to the specialty or specialties designated.
* CEU Certificates (*If Required)* – Copies must be submitted
* Review and complete the application in it’s entirely. Only select the age ranges and specialties in which you have the experience and training AND are currently requesting to **add** to your practice.
* CV must be included with the application at the time of submittal.
* Signatures required on pages: 3, 8 (*if applicable*) and 14

We will notify you of the outcome within ten (10) business days of the decision.

I have read and understand the Optum Application Process for the County of San Diego TERM Network.

Printed name of Applicant: Click here to enter text.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click here to enter a date.

Signature

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TERM EVALUATOR SPECIALITY ADDITION APPLICATION

San Diego County Mental Health Plan for TERM Network

The **TERM** Network is a specialized panel focusing on evaluation and treatment of children and families referred through the dependency and delinquency systems. Due to the forensic and high-risk nature of the referrals, specialized treatment and evaluation experience is required. While completing this application please **ONLY** check those specialties to which you meet the criteria ***AND*** are currently requesting to add in your practice.

**Curriculum Vitae:** It is very important that your Curriculum Vitae be detailed including; descriptions of populations served, clinical specialties, diagnoses treated, and the theoretical orientation of the work. This detail is required to approve you to treat various age groups or specialties. Include the dates and locations of education and post-graduate training and employment. Please note that you may be asked to testify in Court to support the treatment you have provided. At that time, your Curriculum Vitae will be used by the Court to determine your expertise to treat and/or evaluate clients in the Juvenile Court System.

**Psychological Evaluation Specialty Criteria:**

**Provider must maintain competency in the specialty through ongoing relevant training, supervision/consultation, experience and/or Continuing Education Units (CEUs).**

**Provider shall maintain a record of her/ his training and continuing education hours as applicable to requirements. Provider is required to sign an attestation under penalty of perjury that training requirements for Specialties that they are approved for have been fulfilled.**

**Some CEU certificates are required with this application and subsequent recredentialing (every 3 years). Applicant must be aware of the Continuing Education requirements for each of the specialties being requested and plan accordingly to complete them and maintain the certificates for possible future submittal if required.**

**Specific Criteria for Age Ranges:**

Please only check areas in which you meet the criteria ANDare currently requesting to **add** in your practice

|  |  |
| --- | --- |
| **Infant –Toddler: 0 months – 3 years**  Yes  No | **TERM Use Only:**   * Meets Specialty Criteria * DOES NOT Meet Specialty Criteria |
| * Licensed Psychologist, LMFT, LCSW or LPCC * Completion of didactic training and supervised clinical experience treating infants and toddlers (**Documentation to be reflected on Curriculum Vitae/Resume**) * Experience to include EITHER: * A minimum of two (2) years treating infants and toddlers within the last five (5) years (**Documentation to be reflected on Curriculum Vitae/Resume**)   OR   * Post-licensure certification as an infant-family and early childhood mental health specialist prenatal to 3 years endorsement or prenatal to 5 years endorsement (**Copy of Certificate Required**) | |

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San Diego County Mental Health Plan for TERM Network

|  |  |
| --- | --- |
| **Preschool: 3 - 5 years**  Yes  No | **TERM Use Only:**   * Meets Specialty Criteria * DOES NOT Meet Specialty Criteria |
| * Licensed Psychologist, LMFT, LCSW or LPCC * Completion of didactic training and supervised clinical experience treating children between the ages of 3-5 years (**Documentation to be reflected on Curriculum Vitae/Resume**) * Experience to include EITHER:   Post-licensure certification as an Infant-Family and Early Childhood Mental Health Specialist prenatal as 3 - 5 years endorsement or prenatal to 5 years endorsement (**Copy of Certificate Required**)  OR   * A minimum of two (2) years treating children between the ages of 3 - 5 years within the last five (5) years (**Documentation to be reflected on Curriculum Vitae/Resume**) | |

|  |  |
| --- | --- |
| **Children: 6 - 12 years  Yes  No** | **TERM Use Only:**   * Meets Specialty Criteria * DOES NOT Meet Specialty Criteria |
| * Licensed Psychologist, LMFT, LCSW or LPCC * Completion of didactic training and supervised clinical experience treating children between the ages 6-12 years (**Documentation to be reflected on Curriculum Vitae/Resume**) * A minimum of two (2) years within the last five (5) years of practice treating children ages 6-12 (**Documentation to be reflected on Curriculum Vitae/Resume**) | |

|  |  |
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| **Adolescents: 13 - 17 years**  Yes  No | **TERM Use Only:**   * Meets Specialty Criteria * DOES NOT Meet Specialty Criteria |
| * Licensed Psychologist, LMFT, LCSW or LPCC * Completion of didactic training and supervised clinical experience treating children between the ages 13-17 years (**Documentation to be reflected on Curriculum Vitae/Resume**) * A minimum of two (2) years within the last five (5) years of practice treating children ages 13 and older (**Documentation to be reflected on Curriculum Vitae/Resume**) | |

|  |  |
| --- | --- |
| **Older Adults: 60 years and older**  Yes  No | **TERM Use Only:**   * Meets Specialty Criteria * DOES NOT Meet Specialty Criteria |
| * Licensed Psychologist, LMFT, LCSW or LPCC * Completion of didactic training and supervised clinical experience treating older adults (**Documentation to be reflected on Curriculum Vitae/Resume**) * A minimum of two (2) years within the last five (5) years of practice treating older adults (**Documentation to be reflected on Curriculum Vitae/Resume**) | |

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**Specific Criteria for Evaluations:** ((Prerequisite: *must meet age range specialty criteria*)

Please only check areas in which you meet the criteria ANDare currently requesting to **add** in your practice

|  |  |
| --- | --- |
| **Autism Spectrum Disorder (ASD) Evaluation:  Yes  No** | **TERM Use Only:**   * Meets Specialty Criteria * DOES NOT Meet Specialty Criteria |
| **Below mark age groups you are willing to treat in your practice:**  Age Ranges: Children 6 – 12  Adolescents 13 – 17 | |
| * Licensed Psychologist * Didactic education and training in psychometrics, test construction, validation processes, test interpretation, and statistics pertaining to interpretation of test results. (**Documentation to be reflected on Curriculum Vitae/Resume**) * Completion of didactic training and supervised clinical experience in the evaluation and treatment of ASD, including the administration of measurement tools specific to ASD (**Documentation to be reflected on Curriculum Vitae/Resume**) * A minimum of two (2) years clinical experience with the ASD population within the last five (5) years. (**Documentation to be reflected on Curriculum Vitae/Resume**) | |

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| **Juvenile Competency Evaluation:**  **Yes  No** | **TERM Use Only:**   * Meets Specialty Criteria * DOES NOT Meet Specialty Criteria |
| **Below mark age groups you are willing to treat in your practice:**  Age Ranges: Children 6 – 12  Adolescents 13 – 17 | |
| **Psychologist Criteria**:   * Licensed Psychologist * Didactic education and training in psychometrics, test construction, validation processes, test interpretation, and statistics pertaining to interpretation of test results. (**Documentation to be reflected on Curriculum Vitae/Resume**) * Expertise and training in the forensic evaluation of juveniles, and shall be familiar with competency standards, competence remediation standards and accepted criteria used in evaluating competence. (**Documentation to be reflected on Curriculum Vitae/Resume**)   **Psychiatrist Criteria**:   * Completion of a Child and Adolescent Psychiatry Fellowship or other accepted training with the child and adolescent population. (**Documentation to be reflected on Curriculum Vitae/Resume**) * Expertise and training in the forensic evaluation of juveniles, and shall be familiar with competency standards, competence remediation standards and accepted criteria used in evaluating competence. (**Documentation to be reflected on Curriculum Vitae/Resume**) | |

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| --- | --- |
| **Juvenile Firesetter Evaluation: Probation - Involved Youth  Yes  No** | **TERM Use Only:**   * Meets Specialty Criteria * DOES NOT Meet Specialty Criteria |
| **Below mark age groups you are willing to treat in your practice:**  Age Ranges: Children 6 – 12  Adolescents 13 – 17 | |
| **Psychologist Criteria**:   * Licensed Psychologist * Didactic education and training in psychometrics, test construction, validation processes, test interpretation, and statistics pertaining to interpretation of test results. (**Documentation to be reflected on Curriculum Vitae/Resume**) * Expertise and training in the forensic evaluation of juveniles, and supervised experience conducting juvenile firesetter evaluations. (**Documentation to be reflected on Curriculum Vitae/Resume**)   **Psychiatrist Criteria**:   * Completion of a Child and Adolescent Psychiatry Fellowship or other accepted training with the child and adolescent population. (**Documentation to be reflected on Curriculum Vitae/Resume**) * Expertise and training in the forensic evaluation of juveniles, and supervised experience conducting juvenile firesetter evaluations. (**Documentation to be reflected on Curriculum Vitae/Resume**) | |

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| **Neuropsychological Evaluation:**  **CWS & Probation- Involved Youth**  **Yes  No** | **TERM Use Only:**   * Meets Specialty Criteria * DOES NOT Meet Specialty Criteria |
| **Below mark age groups you are willing to treat in your practice:**  Adolescents 13 – 17 years old  Transitional Youth 18 - 22  Adult 23 – 59  Older Adult 60+ | |
| * Licensed Psychologist * To include EITHER: * Member of the American Board of Clinical Neuropsychology OR the American Board of Professional Neuropsychology (**Membership confirmation letter**)   OR   * Completion of courses in Neuropsychology including: Neuroanatomy, Neuropsychological testing, Neuropathology, or Neuropharmacology (**Documentation to be reflected on Curriculum Vitae/Resume**)   AND   * Completion of an internship, fellowship, or practicum in Neuropsychological Assessment at an accredited institution (**Documentation to be reflected on Curriculum Vitae/Resume**)   AND   * A minimum of two (2) years of experience in Neuropsychological Assessment within the last five (5) years. (**Documentation to be reflected on Curriculum Vitae/Resume**) | |

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TERM EVALUATOR SPECIALITY ADDITION APPLICATION

San Diego County Mental Health Plan for TERM Network

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| --- | --- |
| **Children & Adolescents with Sexual Behavior Problems Evaluation: Probation - Involved Youth  Yes No** | **TERM Use Only:**   * Meets Specialty Criteria * DOES NOT Meet Specialty Criteria |
| **Below mark age groups you are willing to treat in your practice:**  Age Ranges: Children 6 – 12  Adolescents 13 – 17 | |
| * Licensed Psychologist * Combination of direct clinical practice with youth with sexual behavior problems and specialized training for a minimum of 500 hours within the preceding two (2) years, including experience evaluating youth with sexual behavior problems; three hundred and fifty (350) of those were direct face-to-face or providing supervision; OR two thousand (2,000) hours over lifetime. (**Documentation to be reflected on Curriculum Vitae/Resume**) * The Independent Practitioner shall attest that he or she has completed a minimum of 30 hours of continuing education in core topics relevant to evaluation of children and adolescents with sexual behavior problems in the last three (3) years   + Core topics include contemporary research regarding the etiology of sexually abusive behavior; research-identified risk factors for the development and continuation of sexually abusive behavior; contemporary research and practice in the areas of assessment, treatment, and management of sexual behavior problems in juveniles; research-supported, sexual offense-specific risk assessment tools for juveniles; treatment of sexual abuse victims. | |
| * **I attest that I have completed a minimum of thirty (30) hours of continuing education and training over the course of the previous three (3) years in core topics relevant to evaluation of children and adolescents with sexual behavior problems. (*Copies of CEUs may be requested)***   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_’  Signature  (*Required when requesting to render this specialty*) | |

|  |  |
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| **CWS Involved Parents or Prospective Adoptive Parents Evaluation:**  **Yes  No** | **TERM Use Only:**   * Meets Specialty Criteria * DOES NOT Meet Specialty Criteria |
| **Below mark age groups you are willing to treat in your practice:**  Age Ranges:  Transitional Youth 18 - 22  Adult 23 – 59  Older Adult 60+ | |
| * Licensed Psychologist * Didactic education and training in psychometrics, test construction, validation processes, test interpretation, ethics of psychological assessment and statistics pertaining to interpretation of test results. (**Documentation to be reflected on Curriculum Vitae/Resume**) * Completion of didactic training and supervised clinical experience in the evaluation of adults involved with the child welfare services. (**Documentation to be reflected on Curriculum Vitae/Resume**) * A minimum of two (2) years clinical experience within the last five (5) years of practice treating adults, including psychological assessment/testing. (**Documentation to be reflected on Curriculum Vitae/Resume**) | |

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| --- | --- |
| **Family Code 7827 Evaluation: CWS –**  **Involved Parents  Yes  No** | **TERM Use Only:**   * Meets Specialty Criteria * DOES NOT Meet Specialty Criteria |
| **Below mark age groups you are willing to treat in your practice:**  Age Ranges:  Transitional Youth 18 - 22  Adult 23 – 59  Older Adult 60+ | |
| * Meet criteria for evaluator of **CWS-Involved Parents or Prospective Adoptive Parents** as outlined in the section above * Minimum of five (5) years of postgraduate clinical experience in the diagnosis and treatment of adult emotional and mental disorders. (**Documentation to be reflected on Curriculum Vitae/Resume**) | |

|  |  |
| --- | --- |
| Threat Assessment Evaluation: Probation- Involved Youth  Yes No | **TERM Use Only:**   * Meets Specialty Criteria * DOES NOT Meet Specialty Criteria |
| **Below mark age groups you are willing to treat in your practice:** Age Ranges:  Children 6 – 12  Adolescents 13 – 17 | |
| **Psychologist Criteria**:   * Licensed Psychologist * Didactic education and training in psychometrics, test construction, validation processes, test interpretation, and statistics pertaining to interpretation of test results. (**Documentation to be reflected on Curriculum Vitae/Resume**) * Expertise and training in the forensic evaluation of juveniles, including supervised experience conducting threat assessment evaluations. (**Documentation to be reflected on Curriculum Vitae/Resume**) * (Must be submitted with this application) Minimum of twenty-four (24) hours of continuing education in topics germane to juvenile threat assessment evaluation in the last three (3) years evaluations for juveniles involved in child welfare services in the last three (3) years   **Psychiatrist Criteria**:   * Completion of a Child and Adolescent Psychiatry Fellowship or other accepted training with the child and adolescent population. (**Documentation to be reflected on Curriculum Vitae/Resume**) * Expertise and training in the forensic evaluation of juveniles, including supervised experience conducting threat assessment evaluations. (**Documentation to be reflected on Curriculum Vitae/Resume**) * (Must be submitted with this application) Minimum of twenty-four (24) hours of continuing education in topics germane to juvenile threat assessment evaluation in the last three (3) years evaluations for juveniles involved in child welfare services in the last three (3) years | |

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|  |  |
| --- | --- |
| **CWS Involved Parents or Prospective Adoptive Parents Evaluation:  Yes  No** | **TERM Use Only:**   * Meets Specialty Criteria * DOES NOT Meet Specialty Criteria |
| **Below mark age groups you are willing to treat in your practice:**  Age Ranges:  Transitional Youth 18 - 22  Adult 23 – 59  Older Adult 60+ | |
| * Licensed Psychologist * Didactic education and training in psychometrics, test construction, validation processes, test interpretation, ethics of psychological assessment and statistics pertaining to interpretation of test results. (**Documentation to be reflected on Curriculum Vitae/Resume**) * Completion of didactic training and supervised clinical experience in the evaluation of adults involved with the child welfare services. (**Documentation to be reflected on Curriculum Vitae/Resume**) * A minimum of two (2) years clinical experience within the last five (5) years of practice treating adults, including psychological assessment/testing. (**Documentation to be reflected on Curriculum Vitae/Resume**) | |

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| --- | --- |
| **CWS - Involved Youth Evaluation**  **Yes  No** | **TERM Use Only:**   * Meets Specialty Criteria * DOES NOT Meet Specialty Criteria |
| **Below mark age groups you are willing to treat in your practice:**  Age Ranges: Infants/Toddlers 0-3 Preschool 3-5  Children 6 – 12  Adolescents 13 – 17 | |
| * Licensed Psychologist * Didactic education and training in psychometrics, test construction, validation processes, test interpretation, ethics in psychological assessment and statistics pertaining to interpretation of test results. (**Documentation to be reflected on Curriculum Vitae/Resume**) * Completion of didactic training and supervised clinical experience in the evaluation of children and adolescents. (**Documentation to be reflected on Curriculum Vitae/Resume**) * A minimum of two (2) years within the last five (5) years of practice treating children/adolescents including psychological assessment/testing. (**Documentation to be reflected on Curriculum Vitae/Resume**) | |

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PRACTITIONER APPLICATION

San Diego County Mental Health Plan for TERM Network (Evaluator)

|  |  |
| --- | --- |
| **Adult Psychosexual Risk Evaluation: CWS - Involved Parents  Yes  No** | **TERM Use Only:**   * Meets Specialty Criteria * DOES NOT Meet Specialty Criteria |
| **Below mark age groups you are willing to treat in your practice:**  Age Ranges:  Transitional Youth 18 - 22  Adult 23 – 59  Older Adult 60+ | |
| * Licensed Psychologist * Didactic education and training in psychometrics, test construction, validation processes, test interpretation, and statistics pertaining to interpretation of test results. (**Documentation to be reflected on Curriculum Vitae/Resume**) * Expertise and training in the forensic evaluation of adults, and supervised experience conducting adult psychological evaluations. (**Documentation to be reflected on Curriculum Vitae/Resume**) * Approved by California State Sex Offender Management Board (CASOMB) <http://www.casomb.org> AND continue to meet CASOMB requirements for recertification and continuing education requirements as outlined within CASOMB certification criteria | |

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San Diego County Mental Health Plan for TERM Network

The following grid is informational only to assist TERM Clinicians in knowing your experience, training and expertise when assigning evaluations.

**Juvenile Probation Evaluator:** *(Not included under the Specialty Criteria)*

|  |  |  |
| --- | --- | --- |
| **Disabilities:** | **Children**  **6 - 12** | **Children**  **13 - 17** |
| Blind/Vision Impaired |  |  |
| Deaf (ASL Fluent) |  |  |
| Developmentally Delayed |  |  |
| Learning Disability |  |  |
| **Special Probation Issues:** | | |
| 707 Evaluation (Fitness for Juvenile Court) |  |  |
| Gangs |  |  |
| Medication Evaluation (MDs only) |  |  |
| School Issues |  |  |
| Born Positive Toxicity (Pos Tox) |  |  |
| Domestic Violence |  |  |
| Violence - Other |  |  |

|  |  |  |
| --- | --- | --- |
| **Areas if Competence and Clinical Expertise** |  |  |
| Adoption Related Issues |  |  |
| Attachment Issues |  |  |
| Chemical Dependency/ Substance Abuse |  |  |
| Commercial Sexual Exploitation of Children (CSEC) |  |  |
| Co-Occurring Disorders - Mental Health/ Substance Abuse |  |  |
| LGBTQIA |  |  |
| Medically Fragile |  |  |
| Depressive Disorders |  |  |
| Trauma and Stress Related Disorders |  |  |
| Serious Emotional Disturbance (SED) |  |  |
| Born Positive Toxicity (Pos Tox) |  |  |
| Domestic Violence Exposed |  |  |
| Neglect Victim |  |  |
| Child Physical Abuse |  |  |

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**CWS Evaluator:** *(Not included under the Specialty Criteria)*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Disabilities:** | **Infants**  **0 - 3** | | **Preschool**  **3 - 5** | **Children**  **6 - 12** | **Adolescents**  **13 - 17** | **Transitional Youth**  **18 - 22** | **Adults 23- 59** | **Older Adults**  **60+** |
| Blind/Vision Impaired |  | |  |  |  |  |  |  |
| Deaf Hearing Impaired |  | |  |  |  |  |  |  |
| Developmentally Delayed |  | |  |  |  |  |  |  |
| Learning Disabilities | |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Areas of Competence and Clinical Expertise:** | | | | | | | | |
| Adoption Related Issues |  |  |  |  |  |  |  |
| Attachment Issues |  |  |  |  |  |  |  |
| Chemical Dependency/ Substance Abuse |  |  |  |  |  |  |  |
| Commercial Sexual Exploitation of Children (CSEC) |  |  |  |  |  |  |  |
| Co-Occurring Disorders-Mental Health/Substance Abuse |  |  |  |  |  |  |  |
| LGBTQIA |  |  |  |  |  |  |  |
| Medically Fragile |  |  |  |  |  |  |  |
| Depressive Disorders |  |  |  |  |  |  |  |
| Parenting Skills |  |  |  |  |  |  |  |
| Trauma and Stress Related Disorders |  |  |  |  |  |  |  |
| **Continued on the next page** | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Areas of Competence and Clinical Expertise: Continued** | | | | | | | |
| Serious Emotional Disturbance (SED) |  |  |  |  |  |  |  |
| Born Positive Toxicity (*Pos Tox*) |  |  |  |  |  |  |  |
| Domestic Violence Exposed |  |  |  |  |  |  |  |
| Neglect Victim |  |  |  |  |  |  |  |
| Child Physical Abuse Victim |  |  |  |  |  |  |  |

**Signature on this page is required of all TERM Network applicants. Failure to sign this form will cause a delay in the processing of your application.**

I hereby attest that all of the information in this application is true and accurate to the best of my knowledge.

I shall maintain proficiency in all specialty areas I selected on my application to the TERM network.

I understand that Optum may require documentation to verify that I meet the criteria outlined under the TERM Clinical Specialty Requirements pertaining to the specialty or specialties I have selected on this application. I agree to cooperate with an Optum TERM Network audit, if requested, to verify that I meet the required criteria.

Printed name of Applicant: Click here to enter text.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click here to enter a date.

Signature (*Required)*