

Intensive In-Community (IIC) & Behavioral Assistant (BA) Application

Thank you for your interest in joining Duckett & Charleston Psychological Associates, LLC.

We are seeking compassionate, dependable, and skilled professionals to provide community-based behavioral health services to children, adolescents, and families.

Please complete all applicable sections of this application. Submission of an application does not guarantee an interview or offer of a position.

POSITION INFORMATION

☐ Intensive In-Community (IIC) Clinician ☐ Behavioral Assistant (BA) ☐ Both

Date of Application: _____

APPLICANT INFORMATION

Full Name: _____

Preferred Name: _____

Date of Birth: _____ Social Security Number: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Preferred Method of Contact: ☐ Phone ☐ Email ☐ Text

EDUCATION

Highest Degree Earned: ☐ Bachelor's ☐ Master's ☐ Doctorate ☐ Other: _____

Degree/Major: _____

College/University: _____

Graduation Date: _____

Additional Relevant Education or Training:

PROFESSIONAL LICENSES & CREDENTIALS

Current Professional License/Credential, if applicable:

☐ LSW ☐ LCSW ☐ LAC ☐ LPC ☐ LMFT ☐ Licensed Psychologist ☐ Other: _____ ☐ Not Applicable

License/Credential Number: _____

State: _____ Expiration Date: _____

NPI Number, if applicable: _____

Are you currently in good standing with all applicable licensing or credentialing boards? ☐ Yes ☐ No ☐ Not Applicable

If no, please explain: _____

IIC / BEHAVIORAL HEALTH EXPERIENCE

Have you previously provided Intensive In-Community (IIC) services? ☐ Yes ☐ No

If yes, please describe your experience: _____

Have you previously worked as a Behavioral Assistant? ☐ Yes ☐ No

Have you previously provided services through the New Jersey Children's System of Care (CSOC)? ☐ Yes ☐ No

If yes, please identify your role(s): _____

Please indicate your experience working with the following populations or concerns:

- | | | |
|--|--|---|
| ☐ Children | ☐ Adolescents | ☐ Families |
| ☐ Trauma | ☐ ADHD | ☐ Anxiety |
| ☐ Depression | ☐ Behavioral concerns | ☐ Autism Spectrum Disorder |
| ☐ Emotional dysregulation | ☐ School-related concerns | ☐ Family conflict |
| ☐ Crisis/high-risk youth | ☐ Other: _____ | |

Briefly describe your experience working with children, adolescents, and/or families: _____

EMPLOYMENT HISTORY

Most Recent Employer

Employer: _____

Position: _____

Dates Employed: _____ to _____

Supervisor: _____

Primary Responsibilities: _____

Reason for Leaving: _____

May we contact this employer? ☐ Yes ☐ No

SERVICE AREA & AVAILABILITY

Which counties are you willing to serve? ☐ Burlington County ☐ Camden County ☐ Mercer County ☐ Other: _____

Please indicate your general availability: ☐ Weekday mornings ☐ Weekday afternoons ☐ Weekday evenings ☐ Saturdays
☐ Sundays

Approximately how many cases are you interested in carrying at one time? _____

Are you available to provide services in clients' homes and other approved community settings? ☐ Yes ☐ No

Are you comfortable traveling between client locations? ☐ Yes ☐ No

Do you have reliable transportation? ☐ Yes ☐ No

Do you possess a current, valid driver's license? ☐ Yes ☐ No

Are you willing and able to transport youth when clinically appropriate and authorized in accordance with agency policy?
☐ Yes ☐ No

PROFESSIONAL SKILLS

Please indicate areas in which you have training or experience:

- | | |
|--|--|
| ☐ Individual counseling | ☐ Family therapy/intervention |
| ☐ Behavioral interventions | ☐ Crisis intervention |
| ☐ Treatment planning | ☐ Clinical documentation |
| ☐ Care coordination | ☐ Safety planning |
| ☐ Parent coaching | ☐ Trauma-informed care |
| ☐ CBT | ☐ Motivational Interviewing |
| ☐ Strengths-based interventions | ☐ Other: _____ |

CLINICAL SCENARIO

Please briefly describe how you would approach working with a youth who is resistant to services and whose parent or caregiver is frustrated and requesting immediate behavioral change.

PROFESSIONAL REFERENCES

Please provide two professional references.

Reference 1

Name: _____ Relationship: _____
Phone: _____ Email: _____

Reference 2

Name: _____ Relationship: _____
Phone: _____ Email: _____

BACKGROUND & CREDENTIALING

If selected, applicants may be required to complete background checks, fingerprinting, credential verification, exclusion checks, required trainings, and other screening or onboarding requirements applicable to the position.

Are you willing to complete all required background checks, fingerprinting, credentialing, and training requirements? ☐ Yes ☐ No

Are you legally authorized to work in the United States? ☐ Yes ☐ No

Can you perform the essential functions of the position, with or without reasonable accommodation? ☐ Yes ☐ No

INDEPENDENT CONTRACTOR ACKNOWLEDGMENT

I understand that the IIC and/or Behavioral Assistant opportunity for which I am applying is an independent contractor (1099) position, if applicable to the position offered. I understand that submission of this application does not create an employment or contractual relationship and does not guarantee a minimum number of referrals, cases, or service hours.

Initials: _____

APPLICANT CERTIFICATION

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that false, misleading, or materially omitted information may result in disqualification from consideration or termination of a subsequent contractual relationship, subject to applicable law.

I authorize Duckett & Charleston Psychological Associates, LLC to verify information contained in this application and to contact the professional references and employers I have authorized for contact.

I understand that completing this application does not constitute an offer or guarantee of employment, contractual engagement, referrals, cases, or hours.

Applicant Name: _____

Applicant Signature: _____

Date: _____