



THE LEADERSHIP EDUCATION IN NEURODEVELOPMENTAL AND  
RELATED DISABILITIES (LEND) TRAINING PROGRAM  
INSTITUTE ON DEVELOPMENT AND DISABILITY

**INTERNSHIP/CLINICAL FELLOWSHIP APPLICATION  
(SOCIAL WORK)**

**SEND WITH YOUR APPLICATION:**

1. Please attach, in the form of a complete professional vita or resume, information in the following areas:
  - Professional experience (clinical, academic, research) Please give dates and locations
  - Membership in professional and learned societies
  - Honors and awards
  - Papers published, presented, in press
  - Clinical and research interests
  - Research Experience
  - Major extracurricular interests
  - Other relevant experiences
2. References: Two to three letters of recommendation. Please provide names, addresses, telephone numbers, and occupations of two to three persons familiar with your qualifications who will provide letters of recommendation to be sent to the address listed below.
3. Provide an official transcript of your graduate work.
4. A personal statement that includes your interests in pursuing the Oregon LEND program and more generally in leadership in field of disabilities and development. It would also be useful to indicate any particular goals that you have in mind for the training year.

*\* Persons with disabilities and/or diverse backgrounds are especially encouraged to apply. No participant, employee, student, beneficiary, or potential beneficiary of the OHSU shall be discriminated against on the basis of race, color, national origin, religion, sex, age, disability, marital status, veteran status, or any other applicable basis in law. Direct inquiries should be sent to Jilma Meneses, OHSU Affirmative Action/Equal Opportunity, or to the Office of Civil Rights at the Department of Health and Human Services.*

Please submit all application materials together in a single packet in hard-copy or e-mail application materials. Letters of reference may be sent separately.

Maureen DeLongis, LCSW  
Training Coordinator in Social Work  
Oregon Institute on Disability and Development / LEND  
Oregon Health & Science University  
PO Box 574  
Portland, OR 97207

or

email to [delongis@ohsu.edu](mailto:delongis@ohsu.edu)

CONTACT INFORMATION					
Last name:		First name:		Middle:	
Home address:		Email address:		Phone number: (     )	
City:		State:		ZIP Code:	
Work address:		Phone number: (     )			
City:		State:		ZIP Code:	
<b>Are you applying for a stipend slot?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, the conditions of our federal grant require that you be a U.S. citizen, or if you are not, that you have a U.S. permanent resident visa.</i>					
If you answered yes to the above question, do you fulfill this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No					
IF THE FOLLOWING INFORMATION IS ON YOUR RESUME, PLEASE SO INDICATE:					
1. Name of Institution:	Location:	Dates Attended:	Undergrad or Grad:	Degree Received:	Date Received/ Expected:
2. Name of Institution:	Location:	Dates Attended:	Undergrad or Grad:	Degree Received:	Date Received/ Expected:
3. Name of Institution:	Location:	Dates Attended:	Undergrad or Grad:	Degree Received:	Date Received/ Expected:
<b>Academic Specializations (Undergraduate)</b> Major fields of study: Minor fields of study:					
<b>Academic Specializations (Graduate)</b> Major fields of study: Other advanced fields of study:					
Masters Thesis Subject:					
Doctoral Dissertation Topic:					
Doctoral Program: <input type="checkbox"/> Clinical <input type="checkbox"/> Other (please specify) _____					
Is the program fully accredited in your field? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div>_____</div> <div>_____</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Signature</div> <div>Date</div> </div>					
OPTIONAL INFORMATION					
<i>The information requested within this section is solely for the purpose of implementing non-discrimination provisions of federal and state law and our affirmative action program. Your provision of this information is optional. Your decision not to complete this section will not affect consideration of your application. Please check all that apply.</i>					
Name:		Discipline:		Date:	
<input type="checkbox"/> Female <input type="checkbox"/> Male		<input type="checkbox"/> Experiences disability <input type="checkbox"/> Family member of person(s) with a disability			
<input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> American/Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Mixed           _____					
<input type="checkbox"/> Veteran		<input type="checkbox"/> Disabled Veteran		<input type="checkbox"/> Vietnam Era Veteran	