

**SBT 2: APPLICATION** for CONSIDERATION as a SBHG **TIP MODEL SITE-BASED TRAINER**

**Applicant:** Please **complete and modify this application** to cover all of the items that requested throughout this application (yellow highlight). **Review the completed application with your supervisor(s)** and your primary TIP Model Consultant/Mentor. As you **submit this to Dr. Clark as an email attachment** (RClarkTIP@gmail.com), you must **list your supervisor(s) and your primary Consultant on the Cc line of the email message.**

**TO:** Dr. Hewitt B. "Rusty" Clark  
Chair, SBHG TIP Model Certification Board  
Stars Behavioral Health Group (SBHG)  
SBHG: *Purveyor of the Transition to Independence Process (TIP) Model*  
**RClarkTIP@gmail.com**

**FROM:** *Your Name, Highest Degree, License*  
*Descriptive Position Title*  
*Site/Agency/Collaborative Affiliation*  
*Complete snail-mail address*  
*Phone Number*  
*Email Address*

**Cc:** *Primary TIP Model Consultant for Site (e.g., Elijah Mccauley, Nicole Deschênes, Marc Fagan, Coral Huntsman, Adele Aparicio)*

**Cc:** *Your Supervisor's Name*  
*Descriptive Position Title*  
*Site/Agency Affiliation*  
*Complete snail-mail address*  
*Phone Number*  
*Email Address*  
**IF YOU HAVE TWO SUPERVISORS, PLEASE LIST BOTH WITH COMPLETE CONTACT INFORMATION**

**DATE:**

**TOPIC: Application SBT 2 for Consideration as a SBHG Certified TIP Model Site-Based Trainer**

I am applying for consideration for certification as a SBHG Certified TIP Model Site-Based Trainer. In collaboration with my primary TIP Model Consultant, **I have met all of the TIP Model Site-Based Trainer Proficiencies** (Appendix 2B).

- A. I realize that if approved as an **SBHG Certified TIP Model Site-Based Trainer**, I and my Supervisor(s) will have to agree to the following SBHG provisions:
- I will only conduct training and technical assistance on the TIP model with personnel from my site (e.g., agency, community collaborative) that is designated on my certificate.
  - I understand that for me to conduct TIP Model training for personnel from other agencies than those listed on my certificate, I must have authorization from the SBHG Leadership (Hewitt B. "Rusty" Clark or Joseph Solomita) and my supervisor(s). (Also, note Section "D" below).
  - In order for me to provide TIP model training, I must use current SBHG curricula (Refer to SBT Private Window of website: [www.TIPstars.org](http://www.TIPstars.org)), maintain my certification, and remain in good standing with SBHG.

- d. I will represent myself to others based on my current SBHG certification standing and current authorization from SBHG Leadership.
  - e. I will ensure that all SBHG TIP model documents (e.g., Workshop Participant Training Manuals, power point presentations, & related materials) that I use at my site are current and approved SBHG training materials – and I am responsible for distributing these materials in line with the guidelines on the SBT Private Section of the [www.TIPstars.org](http://www.TIPstars.org) website. That is, only the Workshop Participant Training Manuals and other authorized materials are to be shared (e.g., printed off as handouts) and used with site personnel attending my authorized training events.
  - f. If my primary TIP Model Consultant or the SBHG Certification Board finds that I am not in good standing as a SBHG representative based on the provisions of the Site-Based Trainer Protocol and this application, I will terminate all of my TIP model related training activities and will return or delete all SBHG materials (e.g., electronic and/or hard copies) that I have accessed.
  - g. My supervisor(s) and I understand the importance in our working collaboratively with SBHG Leadership if any assistance is needed to ensure that engaging and effective training and technical assistance is provided on the TIP model.
  - h. I recognize that at times issues will come up that require knowledge or expertise that I do not have. Under such circumstances, I will direct site personnel to the TIP Model Consultant or other appropriate professional (e.g., a clinical issue is raised in a TIP Solutions Review that is out of my area of expertise, I will encourage the site team to speak with their consulting psychologist, behavior analyst, or psychiatrist – or arrange for a follow-up call between the team’s supervisor and the site’s TIP Consultant).
- B. I also understand that if approved to serve as an SBHG Certified TIP Model Site-Based Trainer (or a Young Adult Associate Trainer) that I will need to do one of the two following “continuing education” activities at least **within every two “certification” years** to maintain my certification:
- a. **Mentored** while I conduct training activities **at my site over a minimum of a two-day period** by a Certified TIP Model **Consultant**. *or*
  - b. Attend a **SBHG TIP Model Consultant / Site-Based Trainer Forum** (i.e., A 2-3 day work session that is occasionally held in Long Beach CA for Site-Based Young Adult Associate Trainers, Site-Based Apprentices, Certified Site-Based Trainers (*including* individuals *being mentored* for possible certification in one of the previously mentioned roles), and TIP Model Consultants to share their knowledge and experience in TIP model training and implementation efforts – and to build their training and implementation competencies in working at the agency and system levels.
  - c. The expenses associate with these types of SBHG continuing education services are the responsibility of my organization or me personally.
  - d. I plan to **arrange for continuing education credits** from SBHG during **this** upcoming **certification year**: Yes \_\_\_\_\_ No \_\_\_\_\_ OR during my second certification year? \_\_\_\_\_
- C. **I, along with my supervisor, are anticipating that I will conduct the following types of TIP model related training over my next certification year:**
- a. Please **list the estimated number** of TIP Model **Orientation Workshops** that you anticipate conducting for partner or potential partner agencies in your authorized area. \_\_\_\_\_
  - b. Please **describe the anticipated TIP Model Intensive Training events** that you are planning to conduct – and with each list the anticipated target audience (e.g., participants will probably be coming from agency X,Y, and Z). (The Board realizes that this is probably an estimate of what your site is planning – but please be as specific as possible). \_\_\_\_\_
- D. If I am planning to conduct TIP model training activities with personnel from NEW agencies interested in adopting the TIP Model (those agencies for which a TIP Model Consultant has not worked), I realize that I have to: a) disclose such to the SBHG Certification Board Chair; b) ensure that the new agency(ies) are

within the geographic area designated on my certification; and c) arrange that I have a pairing with a SBHG Consultant for at least a two-day period during my certification year in which this training is to occur (or has occurred).

- a. I am requesting to conduct TIP Model Intensive Training events for personnel from a NEW agency(ies) during my certification year? Yes \_\_\_\_\_ No \_\_\_\_\_
  - b. If yes, then list, if possible, the new agency(ies) from which personnel will be involved in your training: \_\_\_\_\_
- E. PLEASE PROVIDE THE NAME OF THE AGENCY, COLLABORATIVE, OR GEOGRAPHIC AREA FOR WHICH YOU WOULD LIKE TO BE AUTHORIZED TO CONDUCT TRAINING TO SUSTAIN THE TIP MODEL APPLICATION. For example, the Pathways Program at Tucson Behavioral and Family Health Center, Tucson, AZ; McHenry County Transition Collaborative, McHenry County, IL; Greater Cincinnati TIP Model Collaborative, Cincinnati, OH.
- a. PROVIDE THE "Agency" or "Collaborative" NAME THAT YOU WOULD LIKE ON YOUR CERTIFICATE: \_\_\_\_\_
  - b. PROVIDE A DESCRIPTIVE TERM FOR THE GEOGRAPHIC AREA YOU'LL BE WORKING IN: \_\_\_\_\_  
The Certification Board and your TIP Consultant will consider your above requests.
- F. **Young Adult Peer:** If you are a Young Adult Peer Support Specialist, please indicate such (PLACE X HERE) \_\_\_\_\_. See page 2 of the SBT Protocol for further definition regarding Young Adult Peer and possible certification as a Site-Based Associate Trainer. If you're under 18 years of age place an X here \_\_\_\_\_
- G. My Gender is: PLACE X NEXT TO ONE: Female\_\_ Male\_\_
- H. By this statement, I assure you that I have not violated any professional ethical or legal standards nor is there any other reason that I should not be continuing to work in the provision of training and technical assistance to personnel who are providing transition services to youth and young adults and their families. IF THERE IS ANY LEGAL OR ETHICAL REASON THAT MIGHT AFFECT THESE DUTIES, PLEASE SPECIFY THEM HERE.
- I. I am committed to assisting transition program personnel in learning and applying the guidelines and practices of the *Transition to Independence Process (TIP) model* to improve the progress and outcomes of youth and young adults with emotional/behavioral difficulties and the responsiveness of the Transition Site to their families.

If my primary TIP Consultant or the SBHG Certification Board needs additional information, I will provide such. I look forward to hearing from the SBHG Certification Board regarding possible approval of my being accepted to serve as a SBHG Certified TIP Model Site-Based Trainer.

**REQUIREMENT FOR SUBMISSION OF THIS APPLICATION TO THE SBHG TIP Model Certification Board:**

1. SUBMIT IT as an ATTACHMENT on an email message to [RClarkTIP@gmail.com](mailto:RClarkTIP@gmail.com).
2. LIST YOUR Supervisor(s) and primary TIP Model Consultant on the Cc line of the message.
3. Request your primary TIP Model Consultant to submit his/her Endorsement Statement (Appendix 2C) to the Certification Board Chair as an email message.
  - a. Appendix 2B is for use by you and your Primary Consultant. Form 2B does NOT need to be submitted.
4. In lieu of having to send a signed application to the Board, please COPY THE FOLLOWING STATEMENT AND PASTE it as part of your email message to Dr. Clark.

**COPY and PASTE the following as a message to Dr. Clark**

Chair, TIP Model Certification Board,

I have read, fully understand, and am committed to abiding by the provisions set forth in the Site-Based Trainer Protocol and this Application 2.

- I also am confirming that I have met all of the provisions of the TIP Model Site-Based Trainer Proficiencies (Appendix 2B).
- I have requested that my primary Consultant email the Certification Board Chair to confirm that I have met all of the provision for being certified as a SBHG TIP Model Site-Based Trainer (or Apprentice Trainer).
- By my listing my Supervisor(s) on the Cc line of the email, I am confirming that I have reviewed the SBT Protocol and my application with him/her and he/she is fully supportive of my applying for possible certification as a SBHG TIP Model Site-Based Trainer.
- I have completed the Application 2 and attached to this email message to the Certification Board Chair.

I look forward to hearing from the SBHG Certification Board.

Sincerely,

Attachment: SBT 2 Application

Dear Applicant,

We appreciate your interest in assisting in continuing to building your TIP Model site capacity though your being certified as a Site-Based Trainer.

Best wishes in your successful pursuit of this goal.

Hewitt B. "Rusty" Clark, Chair, SBHG Certification Board  
RClarkTIP@gmail.com

For more information regarding the *Transition to Independence Process (TIP) model* or the *SBHG Stars Academy*, please visit our website:

[www.TIPstars.org](http://www.TIPstars.org)

## Appendix 2B

<b>Transition to Independence Process (TIP) Model                      Certification of TIP Model Site-Based                      Trainer</b>  <i>Required Knowledge and Proficiency</i>	<b>Completed and                      Demonstrated Proficiency</b> Signature of TIP Model Consultant/Mentor certifies that the Apprentice completed each required area of knowledge and proficiency	
Apprentice's Name: _____	Date Completed	Signature of SBHG Consultant(s)
<b>A. TIP Model Orientation Workshop</b>		Signature:  Date:
1. Studied Transition Handbook, Chapters 1-7		
2. Passed Quiz on Chapter 2		
3. Demonstrated Proficiency in Presenting		
<b>B. Strength Discovery &amp; Needs Assessment</b>		Signature:  Date:
1. Passed Quiz on Strength Discovery and Needs Assessment		
2. Demonstrated Proficiency in Presenting		
<b>C. Futures Planning</b>		Signature:  Date:
1. Passed Quiz on Futures Planning		
2. Demonstrated Proficiency in Presenting		
<b>D. Rationales</b>		Signature:  Date:
1. Passed Quiz on Rationales		
2. Demonstrated Proficiency in Presenting		
<b>E. In-Vivo Teaching</b>		Signature:  Date:
1. Passed Quiz on In-vivo Teaching		
2. Demonstrated Proficiency in Presenting		
<b>F. Social Problem-Solving (SODAS)</b>		Signature:  Date:
1. Passed Quiz on SODAS		
2. Demonstrated Proficiency in Presenting		
<b>G. Prevention Planning for High Risk Behavior (WHAT'S UP?)</b>		Signature:  Date:
1. Read Transition Handbook, Chapter 8, Sections on pages 235-244		
2. Demonstrated Proficiency in Presenting WHAT'S UP?		
<b>H. Mediation With Young People and Key Players (SCORA)</b>		Signature:  Date:
1. Passed Quiz on SCORA		
2. Demonstrated Proficiency in Presenting		
<b>I. Coaching for Continuing Competency Enhancement</b>		Signature:  Date:
1. Demonstrated Instructing of TFs and Supervisors in Use of Coaching Strategies and Forms for Application of TIP Model Guidelines & Practices		
2. Demonstrated Proficiency in Conducting and Monitoring TIP Solutions Reviews		

J. Organizing & Coordinating with Sites for Training Events		Signature:	Date:
1. Demonstrated Logistics of Arranging for & Conducting Events			

## Appendix 2C

### SBHG Consultant/Mentor Statement of Endorsement

**NOTE:** *Consultant, the TIP Model Certification Board needs to know if you're endorsing, or not, this SBT Apprentice for certification as a TIP Model SBT. Please **complete this message to recommend or not – copy it and paste it in an email to me.** Thank you, Rusty*

TO: Dr. Hewitt B. "Rusty" Clark  
 Chair, SBHG Certification Board  
 RClarkTIP@gmail.com

FROM: **TIP Model Consultant / Primary Mentor** for Site-Based Trainer (SBT) Apprentice:

I, as the primary TIP Model Consultant/Mentor confirm that \_\_\_\_\_ (SBT Apprentice) has completed and demonstrated the proficiencies related to the TIP Model and the training of personnel on these. I fully endorse this SBT Apprentice for the role of a: (check one)

- SBHG Certified TIP Model Site-Based Trainer** \_\_\_\_\_
- SBHG Certified TIP Model Site-Based Associate Trainer** (see p.3 of Protocol for definition) \_\_\_\_\_

Furthermore, I recommend this SBT Apprentice, if approved as a Certified TIP Model Site-Based Trainer, be authorized to provide TIP model training and technical assistance to the follow site(s):

Name of Site/Agency/Collaborative of Agencies*	Site Location*
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\* **NOTE:** This information is needed to provide a descriptor on the certificate that indicates the Agency, Collaborative, or geographic area for which this SBT is authorized to conduct training to sustain the TIP model site(s). For example, the Pathways Program at Tucson Behavioral and Family Health Center, Tucson, AZ; McHenry County Transition Collaborative, McHenry County, IL; or Greater Cincinnati TIP Model Collaborative, Cincinnati, OH.