

DOCTOR OF BEHAVIORAL HEALTH PROGRAM  
CLINICAL CONCENTRATION  
*Supplemental Application*

Please fill in all sections in this document and upload to your application to complete the requirement.

*\*please ensure all questions, acknowledgements, and disclosures are answered and/or initialed.*

Name:

The DBH Program focuses exclusively on integrated behavioral health care, both in the clinical application of evidence-based techniques for integrated primary care (e.g., behavioral interventions that incorporate a therapeutic lifestyle change or incorporate a patient's medical condition) and the management of organizations that offer integrated behavioral health services (e.g., utilizing quality improvement strategies, cost containment and control).

IN ORDER TO ANSWER THE QUESTIONS, PLEASE REVIEW THE DBH CLINICAL CONCENTRATION CURRICULUM:

<https://chs.asu.edu/masters-degrees-phds/majorinfo/NHBVHCDBH/graduate/false/91415>

In the following section, please thoroughly and comprehensively address the questions. Responses in this section should be restricted to 500 words or less.

1. The program trains students to work in integrated healthcare settings providing programs and services that address patients' medical and behavioral needs. Briefly describe how medical and behavioral providers work collaboratively in an integrated healthcare system.

2. The DBH program includes a required internship. Knowing that it's early in the process and you do not have to commit to an internship site yet, identify 1) specific integrated healthcare sites in your area where you might consider doing your internship. 2) Describe how the site(s) you identify are, or plan to become, integrated (medical and behavioral) AND 3) two specific skills (related to the **clinical concentration**) necessary to address medical and behavioral scope of care, programs, and/or service operations through the internship.

3. Our program requires approximately 18 hours of expected coursework per week, per course. Please explain how you will adjust your schedule to navigate the academic rigor and the demands on your time to ensure academic success.

4. Clearly articulate your **specific career goals** AND the detailed ways a DBH degree will help you accomplish those goals. Cite the **specifics** about the program description, courses, and the **three core curriculum concentration areas**: **Clinical Concentration: 1. Medical Literacy, 2. Integrated Behavioral Interventions, and 3. Business Entrepreneurship.**

### General Acknowledgements

1. There are two program concentrations: **management** and **clinical**. If you need to consider your options before choosing your program concentration, indicate 'yes' and someone will reach out to you to discuss before processing your application.  
  **YES    NO**
2. **Technology** – I have reviewed and agree to adhere to the [program technology requirements](#).  
**(Respond with your INITIALS)**
3. **Background check** – I have reviewed and agree to the [background check requirements](#).  
**(Respond with your INITIALS)**
4. **Time** - Doing doctoral work is demanding. According to the Graduate College, students are expected to spend approximately **18 hours of work per week** on each three-credit course. I have reviewed and agree to adhere to these expectations.  
**(Respond with your INITIALS)**

### License Acknowledgements

License Type: \_\_\_\_\_

This is an **independent-level** of licensure in the state where you plan to reside and complete your DBH internship.

**YES    NO**

If you are not yet independently licensed, please complete the questions below:

#### PLAN FOR OBTAINING INDEPENDENT LICENSE:

- State licensure being sought (e.g., LPC, LSW, etc.):  
  \_\_\_\_\_
- Plan to achieve licensure (include hours already accrued toward licensure, remaining hours necessary, plan for any related examinations, etc.
- **REQUIRED for non-independently licensed applicants:**

- Provide the information below regarding your **supervisor**:
  - Date began or plan to begin supervision:
  - Supervisor name: \_\_\_\_\_
    - License type & number: \_\_\_\_\_
    - Phone number: \_\_\_\_\_
    - Email: \_\_\_\_\_
    - Which state issued their license: \_\_\_\_\_

- Your (applicant's) anticipated date of independent-level licensure: \_\_\_\_\_

- I acknowledge that all students accepted into the DBH program without an independent clinical licensure are required to continue to seek licensure during their time in the DBH program. Failure to do so may result in dismissal from the DBH Program. The above is an accurate representation of my plan to achieve licensure at the highest level of independence relevant to my clinical degree (e.g. LPC, LCSW, LMFT). **(Respond with your INITIALS)**
- I acknowledge that I am required to notify the DBH Program Directors and the DBH Chair of Internship Programs if anything regarding my plan for licensure changes. **(Respond with your INITIALS)**

- I acknowledge that the DBH program is not responsible for providing me with the supervision necessary to achieve this licensure, and that I will keep the DBH program and the Internship Coordinator apprised of any changes to the above plan. **(Respond with your INITIALS)**
- I acknowledge that, until I have received independent licensure, my site location options for completing my 400-hour internship may be limited. I further acknowledge that delays in completing the internship may also delay the completion of other coursework and/or delay graduation. **(Respond with your INITIALS)**

Has any state, province, or country ever initiated disciplinary against, or suspended or revoked your professional license, certification, or registration?

**YES NO**

**If yes, please provide an explanation:**

Did you earn a 3.0 or lower, and/or a C or lower in any course in your Master's degree?

**YES NO**

If yes, please provide 1) context for your performance in your graduate program AND 2) outline what strategies you will employ to ensure academic success in the DBH program:

Are you currently awaiting trial, under indictment, have been convicted of, or pled no contest or guilty to any felony or misdemeanor other than a minor traffic offense (note: a DUI is not a minor traffic offense)?

**YES NO**



If yes, please provide an explanation:

I agree to provide the program with an official licensure board verification prior to beginning an internship placement. **(Respond with your INITIALS)**

I agree to notify program within 10 business days of receiving any notification of my license status from the licensure board. **(Respond with your INITIALS)**

I acknowledge that reported actions against my license may prevent me from securing an internship placement and completion of the program. **(Respond with your INITIALS)**

I acknowledge that my file will not be reviewed until everything is received. I will direct my questions to an enrollment advisor until all documentation has been received. **(Respond with your INITIALS)**