

DOCTOR OF BEHAVIORAL HEALTH PROGRAM
MANAGEMENT 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 MANAGEMENT CONCENTRATION CURRICULUM: <https://chs.asu.edu/management-dbh-curriculum>

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 specific integrated healthcare sites in your area where you might consider doing your internship. Describe how the site(s) you identify are, or plan to become, integrated (medical and behavioral) AND two specific skills necessary to address medical and behavioral scope of care, programs, and/or service operations through the internship.

3. Describe your career goals after graduation. Clearly articulate career goals and the detailed ways a DBH degree will help accomplish those goals. Cite the specifics about the program description, courses, and anything else that you have learned about the DBH program and your specific concentration.

4. The program curriculum covers three areas. How do your career goals align with each area within the DBH program concentration you have chosen? **Management Concentration: Integrated Behavioral through the Quadruple Aim, Quality and Performance Measurement, and 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)

Disclosure Questions:

I acknowledge that all students accepted into the DBH program, management concentration, without clinical licensure are not qualified to practice clinically. For these students, the DBH program is not a pathway to clinical practice. **(Respond with your INITIALS)**

I acknowledge that management students without clinical independent licensure or related certification who take clinical classes as their electives will not receive sufficient clinical training for the provision of direct patient care. **(Respond with your INITIALS)**

I acknowledge that attempting to obtain a clinical internship, or attempting practice without the appropriate education and licensure could put the student/graduate in legal and/or ethical jeopardy. **(Respond with your INITIALS)**

I acknowledge that attempting to provide direct patient care while in the DBH program and without the proper license(s) or scope of practice may result in dismissal from the DBH Program. **(Respond with your INITIALS)**

The DBH program acknowledges and supports scope of practice guidelines and limitations for each profession represented in the program. **(Respond with your INITIALS)**

I acknowledge that the DBH Program is not responsible for providing me with the education and training to achieve clinical licensure or the qualifications needed to perform clinical practice in integrated care. **(Respond with your INITIALS)**

I acknowledge that both licensed/qualified to practice and non-licensed/not qualified to practice students will develop and complete a management-focused internship and culminating project (students with clinical practice privileges may conduct a hybrid management/clinical project, provided that the primary focus is on management). **(Respond with your INITIALS)**



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 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)**