



**Region 7E Adult Mental Health Initiative
Psychiatric Medication Management- Tuition Assistance Application**

Name: _____

Address: _____

Phone and Email: _____

1. List the program you are currently enrolled in or recently graduated from, include name and address: *(Proof of program will be required if selected for an interview)*
2. Explain the length of time you've lived in the region or your connection to the region:
3. Describe what interests you in the Psychiatric medication management field:
4. Describe experience you have working with community medication management:
5. Describe your experience working with Adults and Children in the mental health field:
6. Explain your need for Tuition Assistance:
7. Provide Employment history and include work or volunteer position related to the mental health field; *(Attaching current resume is acceptable for this question)*

****Include at least two letters of reference from professionals in the mental health or medical field.***

Submit application to Natalie Matthewson at nmatthewson@resourcetraining.com.

07/2017