

# Optum **TERM Network**

## TERM Evaluator Provider: Specialty Addition Application

**Paneled TERM Provider(s) ONLY requesting to add a Specialty (i.e. Modality, Age Range, Evaluation Type, Area of Competence and General Clinical Expertise and/or Safety Threats and Risk Factors)**

Prepared By:



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TERM EVALUATOR SPECIALITY ADDITION APPLICATION  
San Diego County Mental Health Plan for TERM Network

Dear TERM Evaluator:

This application is intended for providers who are currently contracted and paneled on the Optum Public Sector Treatment Evaluation and Resource Management (TERM) Network as an Evaluator.

**Optum TERM Network**

Optum TERM is a mental health program developed under the direction of the Board of Supervisors and managed by Optum Public Sector San Diego through a contract with the County of San Diego Health & Human Services Agency (HHSA) Behavioral Health Services. The Optum TERM mission is to improve the quality and appropriateness of mental health services provided to the clients of HHSA CWS and Juvenile Probation. In addition to contracting and credentialing providers Optum is responsible for monitoring the work of the TERM network providers through a quality review process. You can obtain additional information about Optum TERM at the website: <https://www.optumsandiego.com> or you can contact Optum TERM staff directly at 1-877-824-8376 (Option 4).

**Application Process** (*An Application Does Not Guarantee the Addition of New Specialties*)

Enclosed is the application for providers who are requesting the addition of a Specialty that includes a modality, age range, area of competence and general clinical expertise and/or safety threats and risk factors to his/her provider profile for services that may be rendered to San Diego County Child Welfare (CWS) TERM clients. An application checklist is included to assist you in collecting all the required documentation. Please ensure your curriculum vita is current and includes the clinical experience and training necessary to support the specialties requested on your application. To begin the application process, please submit the completed application and supporting documentation to:

Optum Public Sector  
Attention: Provider Services  
P.O. Box 601370  
San Diego, CA 92160-1370  
Fax: 877-309-4862  
Email: [sdu\\_providerserviceshelp@optum.com](mailto:sdu_providerserviceshelp@optum.com)

If you have any questions, please contact **Provider Services at 1-877-824-8376, Option 3**. We appreciate the opportunity to work with you in serving the clients of the County of San Diego.

Sincerely,

*Judy A. Duncan-Sanford*

Judy A. Duncan - Sanford, LMFT  
Manager of Provider Services

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Please print or type your answers to all questions. If further space is needed for you to provide complete answers, please attach additional sheets of paper and indicate on the sheet the applicable question number.

A practitioner must be contracted and paneled on the Optum Public Sector Treatment Evaluation and Resource Management (TERM) Network. Please check the requirements for each discipline on the next pages to ensure you meet the minimum criteria.

Please use this checklist to confirm that you have included all of the following information in your application packet.

<b>Application Checklist – Speciality Addition for TERM Panel</b>	
<input type="checkbox"/>	<b>Curriculum Vitae (CV)</b> - <u>It is very important that your CV be detailed including descriptions of populations, specialties, and disorders treated, as well as the theoretical orientation of the work. This detail is required to approve you to treat various age groups or specialties.</u> Include the dates and locations of education and post-graduate training.
<input type="checkbox"/>	<b>CEUs</b> – copies of all CEUs that support the specialty criteria must be included with the application. Please note some CEUs may support multiple specialties.
<input type="checkbox"/>	<b>Certification</b> – Certificate must be submitted when required by the specialty criteria as stated in this application
<input type="checkbox"/>	<b>Specialty Criteria Requirement Section:</b> must include the CEU titles and number of hours completed as well as any training, education, supervision/consultation and/or experience that may not be included on your CV.
<input type="checkbox"/>	<b>Attestation – Application Process Reviewed and Understood:</b> on page (4) must be signed and dated.
<input type="checkbox"/>	<b>TERM Evaluator Clinician Specialty Requirements:</b> on page (17) must be signed and dated.
<input type="checkbox"/>	<b>Pages 5 - 16: Only Complete the Pages that Contain the Specialty Information You Are Requesting to Add</b>

**IMPORTANT: Review of the CV is completed by TERM clinicians based on the following:**

**Glossary of Application Terminology and Requirements**

**Training:** For the purpose of completing the TERM Panel Application, the word “training” refers to any Continuing Education Units (CEUs) that you acquire in effort to stay current with the specialty you are requesting approval for. Training can also include formal, didactic learning that is obtained by attending courses that are specific to the specialty.

**Supervision/Consultation:** For the purpose of completing the TERM Panel Application, “Supervision and/or Consultation” refer to obtaining clinical supervision and/or in consultation with peers who have experience with the specialty you are attesting to.

**Experience:** Refers to any direct practice, therapeutic treatment, and/or psychological evaluations of children and/or adults in the areas of competence and/or diagnoses you are attesting to, as the *primary* focus of treatment and/or evaluation.

**Clarification:** Clarification of your experience, training and/or supervision/consultation may be requested during the application process. If “clarification” is requested under any area of competence and/or diagnoses, TERM is requesting specific, detailed information of your experience, training and/or supervision/consultation.

**Curriculum Vitae (CV):** A record of your academic and professional achievements. A CV is a thorough account of your professional training and experience. Please include a CV with your TERM Panel Application and ensure it includes detailed information of your training, supervision/consultation, and experience treating and/or performing psychological evaluations in each of the areas of competence and diagnoses you are attesting to.

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**Last Name:** Click here to enter text.      **First Name:** Click here to enter text.      **MI:** Click here to enter text.

**License Type:**  MD/DO    PhD    PsyD

**License Number:** Click here to enter text.

### Optum Application Process for the County of San Diego TERM Network (Evaluator)

**Curriculum Vitae (CV):** Must be current and include the clinical experience and training necessary to support the specialties requested on this application. Include descriptions of populations, specialties, and disorders treated, and the theoretical orientation of the work. This detail is required to approve you to treat various age groups or specialties. Include the dates and locations of education and post-graduate training.

- **Important: The CV submitted with the application** will be reviewed for the education, clinical experience and training to support the specialties requested on this application.
  - If the CV does not support the education, clinical experience and training for the specialties requested on this application you will receive notification that your application has been removed from further consideration.
  - You are welcome to reapply in 6 months

**Application:**

- TERM Clinician Specialty Requirements (Evaluator): on page (17) must be signed and dated.
- Optum will require documentation to verify you meet the criteria outlined under TERM Clinician Specialty Requirements pertaining to the specialty or specialties designated.
- CEU Certificates – Copies must be submitted
- Review and complete the application in it's entirety. Only select the age ranges and specialties in which you have the experience and training **AND are requesting to add to your practice.**
- CV must be included with the application at the time of submittal.
- Signatures required on pages: 4 and 17

We will notify you of the outcome within ten (10) business days of the decision.

I have read and understand the Optum Application Process for the County of San Diego TERM Network.

Printed name of Applicant: Click here to enter text.

\_\_\_\_\_ Date: Click here to enter a date.  
Signature

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The **TERM** Network is a specialized panel focusing on evaluation and treatment of children and families referred through the dependency and delinquency systems. Due to the forensic and high risk nature of the referrals, specialized treatment and evaluation experience is required. **While completing this application please ONLY check those specialties to which you meet the criteria AND are requesting to add in your practice.**

**Curriculum Vitae:** It is very important that your Curriculum Vitae be detailed including; descriptions of populations served, clinical specialties, diagnoses treated, and the theoretical orientation of the work. This detail is required to approve you to treat various age groups or specialties. Include the dates and locations of education and post-graduate training and employment. Please note that you may be asked to testify in Court to support the treatment you have provided. At that time, your Curriculum Vitae will be used by the Court to determine your expertise to treat and/or evaluate clients in the Juvenile Court System.

**Psychological Evaluation Specialty Criteria:**

Please document below any other relevant information pertaining to your qualifications for the specialty criteria below.

The title of each CEU certificate you are submitting for the identified specialties marked yes must be listed. If this information is not included, your application will be considered incomplete.

**Specific Criteria for Age Ranges:**

Infant –Toddler: 0 months – 3 years <input type="checkbox"/> Yes <input type="checkbox"/> No	
<ul style="list-style-type: none"> <li>▪ Licensed psychologist</li> <li>▪ Completion of didactic training and supervised clinical experience treating infants and toddlers</li> <li>▪ Experience to include EITHER:               <ul style="list-style-type: none"> <li>▪ Post-licensure certification as an infant-family and early childhood mental health specialist prenatal to 3 years endorsement or prenatal to 5 years endorsement</li> </ul>               OR               <ul style="list-style-type: none"> <li>▪ A minimum of two (2) years treating infants and toddlers within the last five (5) years</li> </ul> </li> <li>▪ Minimum of twelve (12) hours of continuing education in topics relevant to infant/early childhood mental health and/or child development within the last three (3) years</li> </ul>	
<b>CEU(s)/ Training</b>	<ol style="list-style-type: none"> <li>1. Click here to enter text.</li> <li>2. Click here to enter text.</li> <li>3. Click here to enter text.</li> <li>4. Click here to enter text.</li> </ol>
<b>Experience</b>	<ul style="list-style-type: none"> <li>• Click here to enter text.</li> <li>• Click here to enter text.</li> <li>• Click here to enter text.</li> </ul>
<b>Supervision/ Consultation</b>	<ul style="list-style-type: none"> <li>• Click here to enter text.</li> <li>• Click here to enter text.</li> <li>• Click here to enter text.</li> </ul>

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Preschool: 3 - 5 years <input type="checkbox"/> Yes <input type="checkbox"/> No	
<ul style="list-style-type: none"> <li>▪ Licensed psychologist</li> <li>▪ Completion of didactic training and supervised clinical experience treating children between the ages of 3-5 years</li> <li>▪ Experience to include EITHER:               <ul style="list-style-type: none"> <li>▪ Post-licensure certification as an Infant-Family and Early Childhood Mental Health Specialist prenatal as 3 - 5 years endorsement or prenatal to 5 years endorsement</li> </ul> </li> <li style="margin-left: 20px;">OR</li> <li>▪ A minimum of two (2) years treating children between the ages of 3 - 5 years within the last five (5) years</li> <li>▪ Minimum of twelve (12) hours of continuing education in topics relevant to infant/early childhood mental health and/or child development within the last three (3) years</li> </ul>	
<b>CEU(s)/ Training</b>	<ol style="list-style-type: none"> <li>1. <a href="#">Click here to enter text.</a></li> <li>2. <a href="#">Click here to enter text.</a></li> <li>3. <a href="#">Click here to enter text.</a></li> <li>4. <a href="#">Click here to enter text.</a></li> </ol>
<b>Experience</b>	<ul style="list-style-type: none"> <li>• <a href="#">Click here to enter text.</a></li> <li>• <a href="#">Click here to enter text.</a></li> <li>• <a href="#">Click here to enter text.</a></li> </ul>
<b>Supervision/ Consultation</b>	<ul style="list-style-type: none"> <li>• <a href="#">Click here to enter text.</a></li> <li>• <a href="#">Click here to enter text.</a></li> <li>• <a href="#">Click here to enter text.</a></li> </ul>

Children: 6 - 12 years <input type="checkbox"/> Yes <input type="checkbox"/> No	
<ul style="list-style-type: none"> <li>▪ Licensed psychologist</li> <li>▪ Completion of didactic training and supervised clinical experience treating children between the ages 6-12 years</li> <li>▪ A minimum of two (2) years within the last five (5) years of practice treating children ages 6-12</li> <li>▪ Minimum of twelve (12) hours of continuing education in topics relevant to child mental health and/or child development within the last three (3) years</li> </ul>	
<b>CEU(s)/ Training</b>	<ol style="list-style-type: none"> <li>1. <a href="#">Click here to enter text.</a></li> <li>2. <a href="#">Click here to enter text.</a></li> <li>3. <a href="#">Click here to enter text.</a></li> <li>4. <a href="#">Click here to enter text.</a></li> </ol>
<b>Experience</b>	<ul style="list-style-type: none"> <li>• <a href="#">Click here to enter text.</a></li> <li>• <a href="#">Click here to enter text.</a></li> <li>• <a href="#">Click here to enter text.</a></li> </ul>
<b>Supervision/ Consultation</b>	<ul style="list-style-type: none"> <li>• <a href="#">Click here to enter text.</a></li> <li>• <a href="#">Click here to enter text.</a></li> <li>• <a href="#">Click here to enter text.</a></li> </ul>

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Adolescents: 13 - 17 years <input type="checkbox"/> Yes <input type="checkbox"/> No	
<ul style="list-style-type: none"> <li>▪ Licensed psychologist</li> <li>▪ Completion of didactic training and supervised clinical experience treating children between the ages 13-17 years</li> <li>▪ A minimum of two (2) years within the last five (5) years of practice treating children ages 13 and older</li> <li>▪ Minimum of twelve (12) hours of continuing education in topics relevant to child/adolescent mental health and/or child/adolescent development within the last three (3) years</li> </ul>	
<b>CEU(s)/ Training</b>	<ol style="list-style-type: none"> <li>1. Click here to enter text.</li> <li>2. Click here to enter text.</li> <li>3. Click here to enter text.</li> <li>4. Click here to enter text.</li> </ol>
<b>Experience</b>	<ul style="list-style-type: none"> <li>• Click here to enter text.</li> <li>• Click here to enter text.</li> <li>• Click here to enter text.</li> </ul>
<b>Supervision/ Consultation</b>	<ul style="list-style-type: none"> <li>• Click here to enter text.</li> <li>• Click here to enter text.</li> <li>• Click here to enter text.</li> </ul>

Older Adults: 60 years and older <input type="checkbox"/> Yes <input type="checkbox"/> No	
<ul style="list-style-type: none"> <li>▪ Licensed psychologist</li> <li>▪ Completion of didactic training and supervised clinical experience treating older adults</li> <li>▪ A minimum of two (2) years within the last five (5) years of practice treating older adults</li> <li>▪ Minimum of twelve (12) hours of continuing education in topics relevant to geriatrics/gerontology and/or older adult mental health within the last three (3) years</li> </ul>	
<b>CEU(s)/ Training</b>	<ol style="list-style-type: none"> <li>1. Click here to enter text.</li> <li>2. Click here to enter text.</li> <li>3. Click here to enter text.</li> <li>4. Click here to enter text.</li> </ol>
<b>Experience</b>	<ul style="list-style-type: none"> <li>• Click here to enter text.</li> <li>• Click here to enter text.</li> <li>• Click here to enter text.</li> </ul>
<b>Supervision/ Consultation</b>	<ul style="list-style-type: none"> <li>• Click here to enter text.</li> <li>• Click here to enter text.</li> <li>• Click here to enter text.</li> </ul>

**Specific Criteria for Clinical Specialties:** (Prerequisite: Must meet age range specialty criteria)

Autism Spectrum Disorder (ASD) Evaluation <input type="checkbox"/> Yes <input type="checkbox"/> No	
<ul style="list-style-type: none"> <li>▪ Licensed psychologist</li> <li>▪ Didactic education and training in psychometrics, test construction, validation processes, test interpretation, and statistics pertaining to interpretation of test results.</li> <li>▪ Completion of didactic training and supervised clinical experience in the evaluation and treatment of ASD, including the administration of measurement tools specific to ASD</li> <li>▪ A minimum of two (2) years clinical experience with the ASD population within the last five (5) years</li> <li>▪ Minimum of twelve (12) hours of continuing education in topics relevant to the assessment of ASD within the last three (3) years</li> </ul>	
<b>CEU(s)/ Training</b>	<ol style="list-style-type: none"> <li>1. Click here to enter text.</li> <li>2. Click here to enter text.</li> <li>3. Click here to enter text.</li> <li>4. Click here to enter text.</li> </ol>
<b>Experience</b>	<ul style="list-style-type: none"> <li>• Click here to enter text.</li> <li>• Click here to enter text.</li> <li>• Click here to enter text.</li> </ul>
<b>Supervision/ Consultation</b>	<ul style="list-style-type: none"> <li>• Click here to enter text.</li> <li>• Click here to enter text.</li> <li>• Click here to enter text.</li> </ul>

Juvenile Competency Evaluation <input type="checkbox"/> Yes <input type="checkbox"/> No	
<p><b><u>Psychologist Criteria:</u></b></p> <ul style="list-style-type: none"> <li>▪ Licensed psychologist</li> <li>▪ Meet criteria for specific age group(s) 0 through 17 as outlined within the Age Category section above</li> <li>▪ Didactic education and training in psychometrics, test construction, validation processes, test interpretation, and statistics pertaining to interpretation of test results.</li> <li>▪ Expertise and training in the forensic evaluation of juveniles, and shall be familiar with competency standards, competence remediation standards and accepted criteria used in evaluating competence</li> <li>▪ Minimum of 12 hours of continuing education in topics relevant to juvenile competency evaluations in the last three (3) years</li> </ul> <p><b><u>Psychiatrist Criteria:</u></b></p> <ul style="list-style-type: none"> <li>▪ Completion of a Child and Adolescent Psychiatry Fellowship or other accepted training with the child and adolescent population</li> <li>▪ Expertise and training in the forensic evaluation of juveniles, and shall be familiar with competency standards, competence remediation standards and accepted criteria used in evaluating competence</li> <li>▪ Minimum of 12 hours of continuing education in topics relevant to juvenile competency evaluations within the last three (3) years</li> </ul>	
<p><b>CEU(s), Training Supervision/Consultation continued on the next page</b></p>	



**Juvenile Competency Evaluation - Continued**

<b>CEU(s)/ Training</b>	<ol style="list-style-type: none"> <li>1. Click here to enter text.</li> <li>2. Click here to enter text.</li> <li>3. Click here to enter text.</li> <li>4. Click here to enter text.</li> </ol>
<b>Experience</b>	<ul style="list-style-type: none"> <li>• Click here to enter text.</li> <li>• Click here to enter text.</li> <li>• Click here to enter text.</li> </ul>
<b>Supervision/ Consultation</b>	<ul style="list-style-type: none"> <li>• Click here to enter text.</li> <li>• Click here to enter text.</li> <li>• Click here to enter text.</li> </ul>

**Juvenile Firesetter Evaluation: Probation - Involved Youth  Yes  No**

- Psychologist Criteria:**
- Licensed psychologist
  - Meet criteria for specific age group(s) 0 through 17 as outlined within the Age Category section above
  - Didactic education and training in psychometrics, test construction, validation processes, test interpretation, and statistics pertaining to interpretation of test results.
  - Expertise and training in the forensic evaluation of juveniles, and supervised experience conducting juvenile firesetter evaluations
  - Minimum of twelve (12) hours of continuing education related to the topic of Juvenile Firesetting and Arson within the last three (3) years
- Psychiatrist Criteria:**
- Completion of a Child and Adolescent Psychiatry Fellowship or other accepted training with the child and adolescent population
  - Expertise and training in the forensic evaluation of juveniles, and supervised experience conducting juvenile firesetter evaluations
  - Minimum of twelve (12) hours of continuing education related to the topic of Juvenile Firesetting and Arson within the last three (3) years Completion of Child and Adolescent Psychiatry Fellowship or other accepted training with the child and adolescent population
  - Expertise and training in the forensic evaluation of juveniles, and supervised experience conducting juvenile firesetter evaluations
  - Minimum of 12 hours of continuing education in topics relevant to juvenile firesetting and arson within the last three (3) years

**CEU(s), Training Supervision/Consultation continued on the next page**

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**Juvenile Firesetter Evaluation: Probation - Involved Youth - *Continued***

<b>CEU(s)/ Training</b>	<ol style="list-style-type: none"> <li>1. Click here to enter text.</li> <li>2. Click here to enter text.</li> <li>3. Click here to enter text.</li> <li>4. Click here to enter text.</li> </ol>
<b>Experience</b>	<ul style="list-style-type: none"> <li>• Click here to enter text.</li> <li>• Click here to enter text.</li> <li>• Click here to enter text.</li> </ul>
<b>Supervision/ Consultation</b>	<ul style="list-style-type: none"> <li>• Click here to enter text.</li> <li>• Click here to enter text.</li> <li>• Click here to enter text.</li> </ul>

**Neuropsychological Evaluation: CWS & Probation- Involved Youth  Yes  No**

<ul style="list-style-type: none"> <li>▪ Licensed psychologist</li> <li>▪ Member of the American Board of Clinical Neuropsychology OR the American Board of Professional Neuropsychology</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>▪ Completion of courses in Neuropsychology including: Neuroanatomy, Neuropsychological testing, Neuropathology, or Neuropharmacology</li> <li>▪ Completion of an internship, fellowship, or practicum in Neuropsychological Assessment at an accredited institution</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>▪ A minimum of two (2) years of experience in Neuropsychological Assessment within the last five (5) years</li> <li>▪ Minimum of twelve (12) hours of continuing education in topics relevant to neuropsychology within the last three (3) years</li> </ul>	
<b>CEU(s)/ Training</b>	<ol style="list-style-type: none"> <li>1. Click here to enter text.</li> <li>2. Click here to enter text.</li> <li>3. Click here to enter text.</li> <li>4. Click here to enter text.</li> </ol>
<b>Experience</b>	<ul style="list-style-type: none"> <li>• Click here to enter text.</li> <li>• Click here to enter text.</li> <li>• Click here to enter text.</li> </ul>
<b>Supervision/ Consultation</b>	<ul style="list-style-type: none"> <li>• Click here to enter text.</li> <li>• Click here to enter text.</li> <li>• Click here to enter text.</li> </ul>

**Children & Adolescents with Sexual Behavior Problems Evaluation: Probation - Involved Youth**  
 Yes     No

- Licensed psychologist
- Meet criteria for specific age group(s) 0 through 17 as outlined as within the Age Category section above
- Combination of direct clinical practice with youth with sexual behavior problems and specialized training for a minimum of 500 hours within the preceding 2 years, including experience evaluating youth with sexual behavior problems; 350 of those were direct face-to-face or providing supervision; OR 2,000 hours over lifetime.
- Minimum of 30 hours of continuing education in core topics relevant to evaluation of children and adolescents with sexual behavior problems in the last three (3) years.
- Core topics include contemporary research regarding the etiology of sexually abusive behavior; research-identified risk factors for the development and continuation of sexually abusive behavior; contemporary research and practice in the areas of assessment, treatment, and management of sexual behavior problems in juveniles; research-supported, sexual offense-specific risk assessment tools for juveniles; treatment of sexual abuse victims.
- Core topics include contemporary research regarding the etiology of sexually abusive behavior; research – identified risk factors for the development and continuation of sexually abusive behavior; contemporary research and practice in the areas of assessment, treatment, and management of sexual behavior problems in juveniles research-supported, sexual offense-specific risk assessment tools for juveniles; treatment of sexual abuse victims

<b>CEU(s)/ Training</b>	<ol style="list-style-type: none"> <li>1. Click here to enter text.</li> <li>2. Click here to enter text.</li> <li>3. Click here to enter text.</li> <li>4. Click here to enter text.</li> </ol>
<b>Experience</b>	<ul style="list-style-type: none"> <li>• Click here to enter text.</li> <li>• Click here to enter text.</li> <li>• Click here to enter text.</li> </ul>
<b>Supervision/ Consultation</b>	<ul style="list-style-type: none"> <li>• Click here to enter text.</li> <li>• Click here to enter text.</li> <li>• Click here to enter text.</li> </ul>

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<b>CWS Involved Parents or Prospective Adoptive Parents Evaluation</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<ul style="list-style-type: none"> <li>▪ Licensed psychologist</li> <li>▪ Didactic education and training in psychometrics, test construction, validation processes, test interpretation, ethics of psychological assessment and statistics pertaining to interpretation of test results</li> <li>▪ Completion of didactic training and supervised clinical experience in the evaluation of adults involved with the child welfare services</li> <li>▪ A minimum of two (2) years clinical experience within the last five (5) years of practice treating adults, including psychological assessment/testing</li> <li>▪ Minimum of twelve (12) hours of continuing education in topics relevant to conducting psychological evaluations for adults involved in child welfare services in the last three (3) years</li> </ul>	
<b>CEU(s)/ Training</b>	<ol style="list-style-type: none"> <li>1. Click here to enter text.</li> <li>2. Click here to enter text.</li> <li>3. Click here to enter text.</li> <li>4. Click here to enter text.</li> </ol>
<b>Experience</b>	<ul style="list-style-type: none"> <li>• Click here to enter text.</li> <li>• Click here to enter text.</li> <li>• Click here to enter text.</li> </ul>
<b>Supervision/ Consultation</b>	<ul style="list-style-type: none"> <li>• Click here to enter text.</li> <li>• Click here to enter text.</li> <li>• Click here to enter text.</li> </ul>

<b>Family Code 7827 Evaluation: CWS - Involved Parents</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<ul style="list-style-type: none"> <li>▪ Meet criteria for evaluator of <u>CWS-Involved Parents</u> or <u>Prospective Adoptive Parents</u> as outlined in the section above</li> <li>▪ Minimum of five (5) years of postgraduate clinical experience in the diagnosis and treatment of adult emotional and mental disorders</li> </ul>	
<b>CEU(s)/ Training</b>	<ol style="list-style-type: none"> <li>1. Click here to enter text.</li> <li>2. Click here to enter text.</li> <li>3. Click here to enter text.</li> <li>4. Click here to enter text.</li> </ol>
<b>Experience</b>	<ul style="list-style-type: none"> <li>• Click here to enter text.</li> <li>• Click here to enter text.</li> <li>• Click here to enter text.</li> </ul>
<b>Supervision/ Consultation</b>	<ul style="list-style-type: none"> <li>• Click here to enter text.</li> <li>• Click here to enter text.</li> <li>• Click here to enter text.</li> </ul>

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**Threat Assessment Evaluation: Probation- Involved Youth  Yes  No**

**Psychologist Criteria:**

- Licensed psychologist
- Meet criteria for specific age group(s) 0 through 17 as outlined within the Age Category section above
- Didactic education and training in psychometrics, test construction, validation processes, test interpretation, and statistics pertaining to interpretation of test results
- Minimum of 24 hours of continuing education in topics germane to juvenile threat assessment evaluation in the last three (3) years evaluations for adults involved in child welfare services in the last three (3) years

**Psychiatrist Criteria:**

- Completion of a Child and Adolescent Psychiatry Fellowship or other accepted training with the child and adolescent population
- Expertise and training in the forensic evaluation of juveniles, including supervised experience conducting threat assessment evaluations
- Minimum of 24 hours of continuing education in topics germane to juvenile threat assessment evaluation in the last three (3) years

<b>CEU(s)/ Training</b>	<ol style="list-style-type: none"> <li>1. Click here to enter text.</li> <li>2. Click here to enter text.</li> <li>3. Click here to enter text.</li> <li>4. Click here to enter text.</li> </ol>
<b>Experience</b>	<ul style="list-style-type: none"> <li>• Click here to enter text.</li> <li>• Click here to enter text.</li> <li>• Click here to enter text.</li> </ul>
<b>Supervision/ Consultation</b>	<ul style="list-style-type: none"> <li>• Click here to enter text.</li> <li>• Click here to enter text.</li> <li>• Click here to enter text.</li> </ul>

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<b>CWS - Involved Youth Evaluation</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<ul style="list-style-type: none"> <li>▪ Licensed psychologist</li> <li>▪ Meet criteria for specific age group(s) 0 through 17 as outlined within the Age Category section above</li> <li>▪ Didactic education and training in psychometrics, test construction, validation processes, test interpretation, ethics in psychological assessment and statistics pertaining to interpretation of test results</li> <li>▪ Completion of didactic training and supervised clinical experience in the evaluation of children and adolescents</li> <li>▪ A minimum of two (2) years within the last five (5) years of practice treating children/adolescents including psychological assessment/testing</li> <li>▪ Minimum of twelve (12) hours of continuing education in topics relevant to psychological evaluation of children and adolescents in the last three (3) years</li> </ul>	
<b>CEU(s)/ Training</b>	<ol style="list-style-type: none"> <li>1. Click here to enter text.</li> <li>2. Click here to enter text.</li> <li>3. Click here to enter text.</li> <li>4. Click here to enter text.</li> </ol>
<b>Experience</b>	<ul style="list-style-type: none"> <li>• Click here to enter text.</li> <li>• Click here to enter text.</li> <li>• Click here to enter text.</li> </ul>
<b>Supervision/ Consultation</b>	<ul style="list-style-type: none"> <li>• Click here to enter text.</li> <li>• Click here to enter text.</li> <li>• Click here to enter text.</li> </ul>

<b>Adult Psychosexual Risk Evaluation: CWS - Involved Parents</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<ul style="list-style-type: none"> <li>▪ Licensed psychologist</li> <li>▪ Didactic education and training in psychometrics, test construction, validation processes, test interpretation, and statistics pertaining to interpretation of test results.</li> <li>▪ Expertise and training in the forensic evaluation of adults, and supervised experience conducting adult psychological evaluations</li> <li>▪ Approved by California State Sex Offender Management Board (CASOMB) <a href="http://www.casomb.org">http://www.casomb.org</a> AND continue to meet CASOMB requirements for recertification and continuing education requirements as outlined within CASOMB certification criteria</li> </ul>	
<b>CEU(s)/ Training</b>	<ol style="list-style-type: none"> <li>1. Click here to enter text.</li> <li>2. Click here to enter text.</li> <li>3. Click here to enter text.</li> <li>4. Click here to enter text.</li> </ol>
<b>Experience</b>	<ul style="list-style-type: none"> <li>• Click here to enter text.</li> <li>• Click here to enter text.</li> <li>• Click here to enter text.</li> </ul>
<b>Supervision/ Consultation</b>	<ul style="list-style-type: none"> <li>• Click here to enter text.</li> <li>• Click here to enter text.</li> <li>• Click here to enter text.</li> </ul>

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Please complete the following grids. Only check areas in which you specialize, have experience **AND** are requesting to **add** in your practice.

**Juvenile Probation Evaluator:** *(Not included under the Specialty Criteria)*

Disabilities:	Children 6 - 12	Children 13 - 17
Blind/Vision Impaired	<input type="checkbox"/>	<input type="checkbox"/>
Deaf (ASL Fluent)	<input type="checkbox"/>	<input type="checkbox"/>
Developmentally Delayed	<input type="checkbox"/>	<input type="checkbox"/>
Learning Disability	<input type="checkbox"/>	<input type="checkbox"/>
Special Probation Issues:		
707 Evaluation (Fitness for Juvenile Court)	<input type="checkbox"/>	<input type="checkbox"/>
Gangs	<input type="checkbox"/>	<input type="checkbox"/>
Medication Evaluation (MDs only)	<input type="checkbox"/>	<input type="checkbox"/>
School Issues	<input type="checkbox"/>	<input type="checkbox"/>
Born Positive Toxicity (Pos Tox)	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Violence	<input type="checkbox"/>	<input type="checkbox"/>
Violence - Other	<input type="checkbox"/>	<input type="checkbox"/>

Areas if Competence and Clinical Expertise		
Adoption Related Issues	<input type="checkbox"/>	<input type="checkbox"/>
Attachment Issues	<input type="checkbox"/>	<input type="checkbox"/>
Chemical Dependency/ Substance Abuse	<input type="checkbox"/>	<input type="checkbox"/>
Co-Occurring Disorders - Mental Health/ Substance Abuse	<input type="checkbox"/>	<input type="checkbox"/>
LGBTQIA	<input type="checkbox"/>	<input type="checkbox"/>
Medically Fragile	<input type="checkbox"/>	<input type="checkbox"/>
Depressive Disorders	<input type="checkbox"/>	<input type="checkbox"/>
Trauma and Stress Related Disorders	<input type="checkbox"/>	<input type="checkbox"/>
Serious Emotional Disturbance (SED)	<input type="checkbox"/>	<input type="checkbox"/>
Born Positive Toxicity (Pos Tox)	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Exposed	<input type="checkbox"/>	<input type="checkbox"/>
Neglect Victim	<input type="checkbox"/>	<input type="checkbox"/>
Child Physical Abuse	<input type="checkbox"/>	<input type="checkbox"/>

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**CWS Evaluator:** *(Not included under the Specialty Criteria)*

Disabilities:	Infants 0 - 3	Preschool 3 - 5	Children 6 - 12	Adolescents 13 - 17	Transitional Youth 18 - 22	Adults 23- 59	Older Adults 60+
Blind/Vision Impaired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deaf Hearing Impaired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developmentally Delayed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning Disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Areas of Competence and Clinical Expertise:							
Adoption Related Issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Attachment Issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Chemical Dependency/ Substance Abuse				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Co-Occurring Disorders-Mental Health/Substance Abuse			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LGBTQIA			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medically Fragile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depressive Disorders		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parenting Skills				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trauma and Stress Related Disorders		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Serious Emotional Disturbance (SED)			<input type="checkbox"/>	<input type="checkbox"/>			
Born Positive Toxicity ( <i>Pos Tox</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Domestic Violence Exposed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Neglect Victim	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Child Physical Abuse Victim	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

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**Signature on this page is required of all TERM Network applicants. Failure to sign this form will cause a delay in the processing of your application.**

I hereby attest that all of the information in this application is true and accurate to the best of my knowledge. I shall maintain proficiency in all specialty areas I selected on my application to the TERM network.

I understand that Optum may require documentation to verify that I meet the criteria outlined under the TERM Clinical Specialty Requirements pertaining to the specialty or specialties I have selected on this application. I agree to cooperate with an Optum TERM Network audit, if requested, to verify that I meet the required criteria.

Printed name of Applicant: [Click here to enter text.](#)

[Date: Click here to enter a date.](#)

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Signature