

EMPOWER's:

- Psychiatry Consultation Package (E-PCP)
- School Child & Adolescent Psychiatry Package (E-SCAPP)

~Scholarship Application~



EMPOWER
CENTERS OF EXCELLENCE IN
FAMILY BEHAVIORAL HEALTH

Options for Completion & Submission of Application:

Electronic or Email Options:

- You may complete and sign this document electronically using the Adobe Acrobat program. You may then email it to Programs@EMPOWERCenters.org
- You may print, complete, sign and then scan it. You may then email it to Programs@EMPOWERCenters.org

Hard Copy or Paper Options:

- You may print, complete, sign and fax it to 720-778-4078, Attention: Programs
- You may print, complete, sign and mail it to **EMPOWER** Centers, Attention: Programs, 6530 S. Yosemite St., Suite #210, Greenwood Village, CO 80111
- Call if questions, 720-778-4077

APPLICATION:

EMPOWER is committed to addressing the growing chiasm between the demand and availability of specialized, child & adolescent, behavioral health providers and programs through our Primary Care and School Consultation Packages. We recognize that primary care provider groups and schools, especially those working in underserved, rural or low-income areas, often have limited resources that could make funding Child Psychiatry Consultation Packages untenable. E-PCP and E-SCAPP are made possible through the generosity of charitable donations and grants. These funds are limited and will be awarded primarily to those provider groups & schools serving in underserved, underfunded and/or isolated regions of Colorado. However, other groups/schools are also eligible.

Applicant Name/Title: _____ Date of Application: _____

Pediatric Practice/School Name: _____

Practice/School Address/Contact Information: _____

PLEASE CHECK THE CHILD PSYCHIATRIC CONSULTATION PACKAGE YOU ARE REQUESTING:

EMPOWER's Psychiatry Consultation Package (E-PCP)

EMPOWER's School Child & Adolescent Psychiatry Package (E-SCAPP)

PLEASE SUBMIT THE FOLLOWING TOGETHER WITH THIS APPLICATION:

1. Applicant's CV or Resume
2. A description of your practice or provider group or school
3. Names, credentials and roles of those providers or staff who will be served by the consultation service
4. Location of your practice or school and demographics of the population you serve
5. Explain how your group or school's participation in this child psychiatric consultation program will help you and your colleagues achieve your professional goals as they relate to working with children, adolescents and families (Max 300 words, use blank space on pages 3 & 4).
6. Explain how your provider group or school's participation in this program will be used in working with children, adolescents and families (Max 250 words, use blank space on pages 3 & 4)

COMPONENTS OF E-PCP & E-SCAPP:

- **E-PCP:**
 - Indirect Consultation:
 - Monthly, 30-min, telephone conferences with designated **EMPOWER** Child & Adolescent Psychiatrist (E-CAP)
 - Discuss established patients and/or
 - Triage potential referrals and/or
 - Discuss recent consultations and/or
 - Answer general questions and/or
 - Discuss psychotropic medication options/updates
 - Direct Consultation:
 - One new patient consultation appointment, monthly, with assigned E-CAP, protected for the practices involved
 - Formal Provider Group Training:
 - Two (one hour each), CME's on topic of pediatric practice's choice, on site at their clinic, annually (one per semester).



- **E-SCAPP:**

- Indirect Consultation:

- Monthly, 30-min, telephone conferences with designated **EMPOWER** Child & Adolescent Psychiatrist (E-CAP)
 - Discuss specific students and/or
 - Triage potential referrals and/or
 - Discuss recent direct consultations and/or
 - Answer general questions and/or
 - Discuss treatment options, etc...

- Direct Consultation:

- One new patient consultation appointment, monthly, with assigned E-CAP, protected for the schools involved

- Formal School Staff Training:

- Two (one hour each), continuing education presentations, on topic of school's choice, on site at their school or training facility, annually (one per semester).



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