

Expedited Application to Become a CHAMP Provider

Date _____

1. CHAMP Providers are required to be physicians, nurse practitioners, or physician assistants with pediatric experience.

Name & Title: _____

Address: _____

Phone: _____ Email: _____

2. You must have performed a minimum of 100 child sexual abuse evaluations within the past 3 years.

Have you performed at least the minimum number? Yes No

How many cases per year do you see? _____

3. Please describe the facility where you provide child sexual abuse evaluations.

Additional Comments or Explanation _____

Please include with this completed application:

- An updated CV.
- Three letters of reference with one being from current or most recent supervisor and one being from a current CHAMP Mentor. (If your supervisor is a current CHAMP Mentor, only 2 letters of reference are needed.)
- Record of successful completion of CHAMP coursework, *Evaluating Child Sexual Abuse* (a copy of test results or a copy of the CME certificate).

Send the above materials to:

Linda Markell, CHAMP Manager
UHCC CARE Program
90 Presidential Plaza
Syracuse, NY 13202

Markelll@upstate.edu
Phone: 315-464-2047
Fax: 315-464-2048