

Hawk Behavioral Health Fellowship Application

Introduction

Thank you for your interest in the Hawk Behavioral Health Fellowship, an advanced post-graduate training program designed to equip social workers with psychoanalytic expertise, meta-psychoanalytic focused case management skills, and the business acumen necessary for sustainable private practice.

As part of the application process, all applicants must provide documentation verifying their readiness for independent clinical work. This includes:

1. Professional Liability Insurance
 - Applicants must carry professional liability insurance with minimum coverage of \$1 million per claim and \$3 million aggregate.
 - This requirement ensures that fellows are protected in their clinical work and helps establish their credibility as practitioners in independent and community-based settings.
 - Insurance can be obtained from providers such as HPSO, CPH & Associates, or NASW Risk Retention Group.
 2. National Provider Identifier (NPI) Registration
 - Applicants must have an active NPI number, which is essential for billing, insurance credentialing, and professional identification as a healthcare provider.
 - If you do not have an NPI, you can apply for one through the National Plan and Provider Enumeration System (NPPES) at [NPPES Website](#).
 3. Council for Affordable Quality Healthcare (CAQH) Enrollment
 - All applicants must be registered with CAQH ProView to streamline provider credentialing with insurance panels.
 - This ensures that fellows can efficiently enroll with insurance providers, reducing barriers to reimbursement for services.
 - You can register at [CAQH ProView](#).
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Application Instructions

To apply for the Hawk Behavioral Health Fellowship, please submit the following:

1. Completed Application Form (see below)
2. Three Professional References (at least one must be from a supervisor or faculty member)
3. Academic History (list all degrees and training programs)
4. Official Transcripts
 - Must be sent directly from your graduating university to fellowship@camhp.us
5. Work & Volunteer History (Include clinical, community service, and leadership experiences)
6. Personal Statement
 - Essay Prompt:

“What is your wish for your career? Based on what you have known so far about the challenges in our profession, what will you change? How will you create a sustainable life for yourself as a clinician?”

- Word Count: 1,000 words
 - Submission: Send as a PDF or Word document to fellowship@camhp.us
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Hawk Behavioral Health Fellowship Application Form

Full Name:

Date of Birth:

Phone Number:

Email Address:

Mailing Address:

Professional Credentials

- Professional License(s): (List state(s) and license number(s))

- NPI Number:

- CAQH ID:

Education

- Degree(s) Earned:
- University/Institution:
- Year of Graduation:

Professional Liability Insurance

- Provider:
- Coverage Amount:
- Policy Number:
- Expiration Date:

Work & Volunteer Experience

(Include clinical, case management, community outreach, and leadership roles)

References

Please list three professional references:

1. Name:
Title & Organization:
Email:
Phone:
Relationship to Applicant:
2. Name:
Title & Organization:
Email:
Phone:
Relationship to Applicant:
3. Name:

Title & Organization:

Email:

Phone:

Relationship to Applicant:

Submission Guidelines

- Deadline: (Specify applicable date) [August 1st, 2025](#)
- Email all materials to: fellowship@camhp.us
- Subject Line: Hawk Fellowship Application

We look forward to reviewing your application and supporting your journey toward an empowered and sustainable career in clinical social work.