



## Registry of Interdisciplinary Professionals Serving Children & Youth

The Vermont Registry of Interdisciplinary Professionals Serving Children and Youth (RIPSCY) is intended to facilitate the sharing of information. The Registry has three functions. It is an in-house database used to send information to therapists, consultants, and administrators (e.g., The Center Connections newsletter and information about upcoming workshops). The Registry is the bases for the RIPSCY list serve, which is used to share timely information about courses, resources, and policy changes in Vermont through email. Finally, the registry information will be available on the expended TRIPSCY website (<http://www.uvm.edu/~cdci/tripsy>). Therapists, consultants, practioners and administrators can elect to be included in one, two or all three functions of the Registry.

If you wish to be included in this registry, please fill out the attached form and return it to us. We are collecting detailed but necessary information. Please complete the form thoroughly. Feel free to share this form with other providers serving children and youth. Specifically, we are collecting information from occupational therapists, physical therapists, consultants of the deaf and hard of hearing, teachers of the visually impaired, assistive technology practitioners, speech language pathologists as well as other related professionals.

**TODAY'S DATE:** \_\_\_\_\_

**LAST NAME:** \_\_\_\_\_

**FIRST NAME:** \_\_\_\_\_

### CONTACT INFORMATION

Home	Work
Street: _____	Employer: _____
City: _____	Street: _____
State: _____ Zip: _____	City: _____
Phone: (____) _____ - _____	State: _____ Zip: _____
Email: _____	Phone: (____) _____ - _____
Work Email: _____	Fax: (____) _____ - _____

Use my home \_\_\_ and/or work \_\_\_ information as primary contact for the registry.

### PROFESSIONAL EXPERIENCES (check all that applies)

- Profession:**
- Physical Therapist \_\_\_\_\_
  - Physical Therapist Assistant \_\_\_\_\_
  - Occupational Therapist \_\_\_\_\_
  - Certified Occupational Therapy Assistant \_\_\_\_\_
  - Speech Language Pathologist \_\_\_\_\_
  - Consultant for the Deaf and Hard of Hearing \_\_\_\_\_
  - Teacher of the Visually Impaired \_\_\_\_\_
  - Nutritionist \_\_\_\_\_
  - Assistive Technology Practioner \_\_\_\_\_
  - Other: \_\_\_\_\_

**Education:**

Highest Degree \_\_\_\_\_  
Endorsement \_\_\_\_\_ Endorsement \_\_\_\_\_

**Areas of Specialization (please check "√" no more than 4):**

School-based services	___	Assistive technology	___
Early intervention services	___	Motor learning	___
Positioning/equipment	___	Hippotherapy	___
Sensory integration	___	Aquatherapy	___
Environmental adaptation	___	Transition to adult services	___
Feeding/swallowing	___	Advocacy/policy changes	___
Continence training/support	___	Braille Instruction	___
NDT	___	Sign Language	___
AAC	___	Other(s) _____	

**Licenses**

National license number: _____	Issued by: _____
VT license number: _____	Issued by: _____
VT certification number: _____	Issued by: _____

**Duration and Variety of Professional Experiences**

Number of years of experience in your profession: \_\_\_\_\_ years  
 Number of years of experience with children and youth: \_\_\_\_\_ years  
 Percentage of that experience working with:

Children birth to 3	___%	Preschoolers	___%
Children 5 to 17 years old	___%	Individuals 18-21 years old	___%

**Counties In VT Where You Are Currently Working and/or Interested In Working:**

Addison	___	Bennington	___	Caledonia	___	Chittenden	___
Essex	___	Franklin	___	Grand Isle	___	Lamoille	___
Orange	___	Orleans	___	Rutland	___	Washington	___
Windham	___	Windsor	___	All	___		

I would like the above supplied information used for (check all that applies):

VT RIPSCY database  \_\_\_\_\_  
 RIPSCY List Serve \_\_\_\_\_ Please list which email address you prefer ( \_\_\_\_\_ )  
 TRIPSCY Website  I want my home \_\_\_\_\_ and/or work \_\_\_\_\_ information posted on the website.

I understand that the information posted on the website will be available publicly to consumers, professionals, and anyone accessing the website at the University of Vermont (<http://www.uvm.edu/~cdc/tripscy>). By submitting this form to VT-RIPSCY you are authorizing the sharing of your information for the functions you have checked above. You can revoke your permission to include your name and information from any of the three functions of the registry by contacting TRIPSCY (contact information below).

Mail (or fax (802) 656-1357) the completed form to:  
 TRIPSCY  
 University of Vermont/Center on Disability and Community Inclusion  
 Mann Hall – 3<sup>rd</sup> floor, 208 Colchester Avenue, Burlington, VT 05405-1757