



Dear Mental Health Provider,

Thank you for your interest in Connecticut Children’s Gender Program. Please complete and fax back this checklist regarding your training and prior experience, particularly as it related to gender dysphoria. We only need this checklist once, unless there are any updates.

Sincerely,

Priya Phulwani, MD

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Mental Health Provider Checklist

Please check all that apply

- A master’s degree or its equivalent in a clinical behavioral science field. This degree or a more advanced one should be granted by an institution accredited by the appropriate national or regional accrediting board. The mental health professional should have documented credentials from a relevant licensing board or equivalent for that country.
- Competence in using the Diagnostic Statistical Manual of Mental Disorders and/or the International Classification of Diseases for diagnostic purposes.
- Ability to recognize and diagnose co-existing mental health concerns and to distinguish these from gender dysphoria.
- Documented supervised training and competence in psychotherapy or counseling.
- Knowledgeable about gender nonconforming identities and expressions, and the assessment and treatment of gender dysphoria.
- Continuing education in the assessment and treatment of gender dysphoria. This may include attending relevant professional meetings, workshops, or seminars; obtaining supervision from a mental health professional with relevant experience; or participating in research related to gender nonconformity and gender dysphoria.
- Trained in childhood and adolescent developmental psychopathology.
- Competent in diagnosing and treating the ordinary problems of children and adolescents.

In addition to the minimum credentials above, it is recommended that mental health professionals develop and maintain cultural competence to facilitate their work with transsexual, transgender, and gender nonconforming clients. This may involve, for example, becoming knowledgeable about current community , advocacy, and public policy issues relevant to those clients and their families. Additional, knowledge about sexuality, sexual health concerns, and the assessment and treatment of sexual disorders is preferred.

Please sign, print name and include your best contact information, and ages of patients that you are willing to see. Thank you.

Name (printed): _____

Signature: _____ Date: _____

Age of clients that you work with (minimum - maximum): _____