

# CALACAP

## Wasserman Fund Award Check List

The Wasserman Fund Initiative was designed to encourage trainees, in particular, those who are currently in Child and Adolescent Psychiatric Training Programs to actively engage in advocacy activities which are directly related to children’s mental health in California. (This does not pertain to conducting advocacy on behalf of one of your patients.) There is a two-pronged application for all candidates who would like to be considered for the five-hundred-dollar award. First, the candidate (trainee) must complete the attestation in regard to those advocacy activities in which they have already participated sometime during their early medical career. Secondly, the candidate must submit their choice of a current policy issue relevant to children’s mental health which the candidate believes must be addressed by decision makers (local, state or national). In addition, the rationale (or importance) for this selection must be described on the single sheet.

Indicate (check) which of the advocacy activities (with brief description of issue) you have already completed during the early phase of your medical career:

made a telephone call to office of an elected official (local, state, or federal) or health/mental health authority in regard to:

\_\_\_\_\_

emailed an elected official or health/mental health authority\* in regard to:

\_\_\_\_\_

left a voicemail at office of elected official or health/mental health authority in regard to:

\_\_\_\_\_

sent a letter to the office of an elected official or health/mental health authority in regard to:

\_\_\_\_\_

made a visit to the office of an elected official or health/mental health authority in regard to:

\_\_\_\_\_

participated in Voter Voice opportunities with the AACAP in regard to:

\_\_\_\_\_

participated in online mechanism to express your position to an elected official on a policy issue through another organization, eg, APA, AAP, in regard to:

\_\_\_\_\_

participated in NAMI walk.

Other advocacy activity (describe): \_\_\_\_\_

\*county, state or federal authority, eg, CA DHCS, CMS

Name of candidate: \_\_\_\_\_

Signature: \_\_\_\_\_

Training Program Name: \_\_\_\_\_

Send this attestation and additional sheet on selection of a children’s mental health policy issue to [info@calacap.org](mailto:info@calacap.org) by or on October 17, 2023.