Assessment: MIT Application: Part II: Mattie Finn

Raw Score for this Application: 4 out of 13 - 30.7692307692%

Q1. First Name, Last Name
First Name: Mattie

Last Name: Finn

Q2. Have you completed Foundations in Christianity at Word of Faith?
❍ Yes
● No

Q3. Have you completed Foundations in Priesthood at Word of Faith?
❍ Yes
● No

Q4. Have you ever been ordained or licensed as a pastor or minister?
❍ Yes
● No

Q5. By what governing body are you currently licensed and/or ordained?
N/A

Q6. Are you seeking licensing and/or ordination from MIT?
❍ Yes
● No

Q7. Do you have a personal/ministry website? If so, please provide the web address. (Example: http://www.me.com)
N/A

Q8. Do you have a Twitter account? If so, please provide it below. (http://www.twitter.com/yourtwittername)
N/A

Q9. Do you have a Facebook account? If so, please provide it below. (http://www.facebook.com/username)
N/A

Q10. Do you have a LinkedIn account? If so, please provide it below. (http://www.linkedin.com/username)
N/A

Q11. Do you have access to a computer for the completion of the MIT coursework?
● Yes
❍ No

Q12. Highest level of education?
Masters

Q13. Name, Location, and Years attended. (High School - College) (From: MM/YYYY-To: MM/YYYY)

SCHOOL'S NAME	SCHOOL'S CITY, STATE	FROM:	TO:	FIELD OF STUDY:	DEGREE/DIPLOMA:
1 - York College	City: Queens State: BSW	Month: 9 Day: 4 Year: 2003	Month:5 Day: 26 Year: 2005	2005	Social Work New York
2 - Argosy University	City: Atlanta State: MA	Month: 9 Day: 10 Year: 2007	Month:6 Day: 5 Year: 2010	2010	Counseling Georgia
3 -	City: State:	Month: Day: Year:	Month: Day: Year:		
4 -	City: State:	Month: Day: Year:	Month: Day: Year:		
5 -	City: State:	Month: Day: Year:	Month: Day: Year:		

SCHOOL'S NAME	SCHOOL'S CITY, STATE	FROM:	TO:	FIELD OF STUDY:	DEGREE/DIPLOMA:
6 -	City: State:	Month: Day: Year:	Month: Day: Year:		
7 -	City: State:	Month: Day: Year:	Month: Day: Year:		
8 -	City: State:	Month: Day: Year:	Month: Day: Year:		
9 -	City: State:	Month: Day: Year:	Month: Day: Year:		

Q14. Do you have any licenses and/or certifications? (List Name, Date Certified, Expiration for each.)

NAME OF CERTIFICATION	DATE CERTIFIED/LICENSED:	EXPIRATION (IF APPLICABLE):
License Professional Counsleor	Month: 12 Day: 31 Year: 2011	Month:12 Day: 11 Year: 2017

Q15. Have you ever worked for the armed forces?

- ❍ Yes
- ● No

Q16. If you answered yes to question #14, in which branch did you serve? (Ex. AIR FORCE, ARMY, NAVY, MARINES, COAST GUARD, NATIONAL GUARD)

NAME BRANCH OF SERVICE	HIGHEST RANK	DATE ENTERED:	DATE DISCHARGED:	TYPE OF DISCHARGED:	DD214 NUMBER:
1 - N/A		Month: Day: Year:	Month: Day: Year:		

Q17. Describe your work history?

- ● One or two jobs in the last five years
- ❍ Three jobs in the last five years
- ❍ Four or more jobs in the last five years
- ❍ No job in the last five years because of retirement
- ❍ No job in the last five years because of physical restrictions or mental illness
- ❍ No job for other reasons

Q18. Work History: Please list the last 10 years.

EMPLOYER'S NAME	EMPLOYER'S CITY, STATE	FROM:	TO:	JOB TITLE:	SUPERVISOR'S NAME/PHONE NUMBER:	DESCRIBE YOUR WORK:	REASON FOR LEAVING (IF APPLICABLE):
61 - New Height Behaviroal	City: Jonesboro State: Gerogia	Month: 10 Day: 1 Year: 2014	Month: 1 Day: 17 Year: 2015	Program Manager/ Therapist	Pamela Baker 404 314-7709	Manage the oversight of a mental health C&A program	
62 - Family Functions	City: Fulton State: Georgia	Month: 11 Day: 13 Year: 2013	Month: 11 Day: 1 Year: 2014	Therapist	Pamela Baker 404 314-7709	Provide intensive community base therapy to SED individual/ families Provide Substance Abuse Counseling Complete MICP's Complete Behavioral Health Assessments Complete Service Delivery Plans /	Better Job

EMPLOYER'S NAME	EMPLOYER'S CITY, STATE	FROM:	TO:	JOB TITLE:	SUPERVISOR'S NAME/PHONE NUMBER:	DESCRIBE YOUR WORK:	REASON FOR LEAVING (IF APPLICABLE):
						IRRP's Attend Treatment Teams Complete ongoing trainings	
63 - Community Outreach	City: East Point State: Georgia	Month: 8 Day: 17 Year: 2012	Month: 11 Day: 16 Year: 2013	Therapist	Pamela Baker 404 314-7709	Provide in home based individual and family therapy in community settings Prepare Comprehensive Psychosocial Assessments Provide Adult, Child and Adolescent Mental Health Services Prepare Treatment Plans Facilitate Group Therapy Complete MICP's, OTR's OFS's Complete bi- weekly internal a	