

Join Our Licensed Clinician Network

DEMOGRAPHICS

Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Email Address: _____

Phone Number: _____

Are you a Military Veteran? ___ Yes ___ No

Are you a Military spouse? ___ Yes ___ No

LICENSURE INFORMATION

Primary License Type (e.g. LPC, LCSW, LCMHC, LMFT etc.) _____

Primary State Licensed Issued: _____

License Number: _____

License Issue Date: _____

License Expiration Date: _____

Other State Licenses: _____

Check all the types of these Presenting Problems, conditions, or clients that you feel professionally competent to serve.

- Adjustment Disorders
- Adolescents (aged 12 and older)
- Adoption
- Adult Sexual Abuse
- Affective Disorders (Depression, Bipolar D/O, etc.)
- AIDS and HIV
- Alcohol and Drug Abuse Screening and Referral
- Anxiety Disorders
- Attention Deficit Hyperactivity Disorder

- Child Abuse - Sexual, Physical, Emotional
- Children (ages 6-11)
- Preschool (ages 5 and below)
- Chronic/Terminal Illness
- Co-dependency
- Dissociative Disorders
- Domestic Violence
- Military Personnel/Veterans
- DOT Qualified SAP
- EAP, work-related, or occupational problems
- Eating Disorders
- Faith Based Counseling
- Geriatric Issues
- Law Enforcement/Fire/Military/Emergency personnel
- Infertility
- Loss, Bereavement and Grief
- Marriage/Couples Issues
- Family Issues
- Personality Disorders
- Post-Traumatic Stress Disorder
- Sexual Dysfunction
- Suicide Prevention
- Thought Disorders
- Telephonic Counseling
- Telehealth Counseling
- Veterans and Veterans' Readjustment
- Other, please list: _____

Do you conduct Critical Incident Debriefings?

Yes. Please List Your

Certifications:_____

No

Are you available at short notice?

Yes, approximate lead time needed:_____

No

Are you bilingual?

Yes, what languages?_____

No