



Membership Application

Your Contact Information

First Name

Last Name

Street address

City, State

E-mail Address

Phone

Professional license type and #

Expiration date

Membership in professional organization

No

Yes

If yes, which

Are you currently active within your professional community? And if so, how?

Which position(s) or speciality are you best suited for?

- Young Child Clinician (0-5 yr)
- Child Clinician (6-12 yr)
- Adolescent Clinician (13-18 yr)
- Family Clinician
- Couples Clinician
- DBT/Dual Diagnosis Clinician
- Adoption/Foster Care/Trauma Specialist
- DD/ASD Specialist
- Other special population or intervention

Who is your ideal client? Describe client age, presenting concerns and preferred interventions.

Which clinical interventions and best practices do you use (can select up to 3)?

- CBT
- PCIT
- Triple P
- Play therapy
- Parent coaching/training
- Collaborative Problem Solving
- Motivational Interviewing
- DBT
- Group therapy
- Love and Logic
- Positive Parenting
- ACT
- EFT
- Brief solution focused
- Functional family therapy
- Brief Strategic family therapy
- Other

What is your experience and training with these populations and interventions? Please list specific CEU's, certificate programs or job experience.

What skills and experiences do you bring to the business side of NW Counseling Associates, LLC? (i.e. prior business experience, marketing, public speaking, networking, etc.)

Are you currently on or are you willing to be on insurance panels?

What is appealing to you about private practice? And what is appealing to you about joining NW Counseling Associates, LLC?

One of the principle values of NW Counseling Associates, LLC is to operate from an integrative health care model. What kinds of policies and practices do you believe will best support consistent communication and coordination with referral sources? And what is your experience in working with supportive others in your clients' lives?

Are you willing to do the following?

Use an electronic health record identified/provided by NW Counseling Associates, LLC

Prioritize case management and coordination with other providers

Participate in weekly consultation/business meeting with group members

Use assessments and screening tools as part of your practice

Use the branding and marketing materials created by NW Counseling Associates, LLC to promote your practice

Share after hours coverage with other associates

Provide consultation to other associates as needed

The goal of NW Counseling Associates, LLC is to create a collaborative team in which each member shares in the management of the group. What role(s) do you see yourself having in such a group? What has your experience been like in other group settings?

References

First Name

Last Name

E-mail Address

Phone

Relationship

First Name

Last Name

E-mail Address

Phone

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Last Name

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Relationship

A minimum commitment of 1 year is required when joining NW Counseling Associates, LLC.
What is your anticipated start date?

First priority is given to clinicians who are interested in maintaining a full time practice with NW Counseling Associates, LLC. Would you be joining as a full time associate or part time? If part time, how many days and which days of the week do you intend to work?

Please provide a current resume, copy of your malpractice face sheet and professional license along with the completed application form.