

INDIVIDUAL COUNSELOR INFORMATION

To add more than one counselor to your group practice, contact a member of our team for a separate form to be completed. Please send copies of the counselor's License(s)/Certification(s) and Liability Insurance policy face sheet when submitting this form

Practice/Agency Name:

Optional, Voluntary and Not Required The following information regarding gender, sexual orientation, race/ethnic group, and religious beliefs is not used for purposes of denying an application for participation. Often clients will ask for a counselor who meets a specific preference within one of the following categories. If your application is approved, and you provide this information, your response will be entered into our database so that you can be identified for our use only if a client requests a counselor who meets a specific category. Any responses you provide or your decision to not provide this information will not be the basis for denying your application for participation.

Required Demographics		Personal Demographics (optional)	
Last Name, First Name:		Date of Birth (mm/dd/yy):	
Practice Location Served (City, State):		Gender:	
Graduation Date:		Sexual Orientation:	
Degree/Education Level:		Ethnicity:	
License/Certificate Type:		Religious Affiliation:	
License/Certificate No:		Military Status:	
License/Certificate State Exp Date:		Language(s) Spoken:	

DISCLOSURE: If you answer YES you are REQUIRED to provide: (1) a detailed explanation of your involvement, (2) the date the action was initiated, (3) the current status, including any final outcome, (4) amount of judgment/settlement or adverse decision, AND (5) a copy of any court order, consent order and findings, settlement agreement or other documentation regarding the current status or final resolution for each matter. If a matter is pending, include a letter from your attorney providing detailed information regarding current status of the matter and copies of any related documentation such as an indictment, statement of charges, Summons & Complaint, answer, etc.

1. Have you ever been convicted of a misdemeanor related to your professional functions?	Yes	No
2. Have you ever been charged or convicted of a felony in any state?	Yes	No
3. Have you ever been investigated by any professional or licensure board, professional association, private payor, state or federal regulatory agency, or other authority?	Yes	No
4. Has your clinical license, certification, DEA, CDS, or ability to practice in any jurisdiction ever been stipulated, denied, restricted, suspended, reduced, revoked, not renewed, placed on probation, or otherwise limited in any way by a licensing agency or other regulatory bodies?	Yes	No
5. Have you ever voluntarily relinquished your professional license, certification, or other authority to practice for any reason, including as an alternative to disciplinary action?	Yes	No
6. Are you aware of any formal disciplinary or criminal charges pending against you?	Yes	No
7. Are you aware of any complaints against you filed with any licensing, certification, or other regulatory body?	Yes	No
8. Has it ever been determined that you have operated outside the recognized boundaries of your professional competencies?	Yes	No
9. Has your employment, hospital privileges, managed care organization or EAP participation, or other privileges or participation status ever been denied, restricted, suspended, reduced, revoked, not renewed, placed on probation or otherwise limited in any way?	Yes	No
10. Have you ever been involuntarily terminated from professional employment or a hospital staff, or, terminated by a managed care organization, EAP or any other organization that granted you privileges or participation status?	Yes	No
11. Have you ever resigned with knowledge of an investigation about you by a professional employer, hospital staff, managed care organization, EAP or any other organization that granted you privileges or participation status?	Yes	No
12. Are you aware of any disciplinary actions that have been initiated against you by a professional employer, hospital staff, managed care organization, EAP or any other organization that granted you privileges or participation status?	Yes	No
13. Are you aware of any complaints against you filed with a professional employer, hospital staff, managed care organization, EAP or any other organization that granted you privileges or participation status?	Yes	No
14. Has a professional liability carrier ever denied, limited, not renewed or canceled your coverage?	Yes	No
15. Are you now or have you ever been sanctioned or excluded from federal, state or local government programs?	Yes	No
16. Have any malpractice suits, professional liability suits, arbitration or other proceedings ever been instituted against you?	Yes	No