

Provider Specialty Profile



This profile was created to capture specific information that will allow us to improve our referral process by closely matching member needs with provider services. Please note that incomplete information will be rejected.

Provider Information

Name:

First

Middle

Last

Suffix

NPI:

Are you currently accepting new members? Yes No

Appointment Availability: Please indicate your availability for the following appointment types:

* Routine appointment – within 10 business days (14 calendar days) Yes No

* Urgent appointment – within 24 hours Yes No

* 7-day Post Hospital-Discharge appointment Yes No Please indicate location: In home In office

Treatment Expertise/Specialties

Please select the types of services you offer, including the disorders you treat and the modalities you practice. (Check those that apply)

NOTE: Please submit evidence of certificates or transcripts that account for the associated trainings in the treatment modalities and/or disorders selected below.

Certifications

<input type="checkbox"/>	Art Therapy	<input type="checkbox"/>	Positive Behavior Support
<input type="checkbox"/>	Center of Excellence	<input type="checkbox"/>	SBIRT (Screening, Brief Intervention, Referral to Treatment)
<input type="checkbox"/>	Emergency Services Provider	<input type="checkbox"/>	Targeted Case Management (TCM) Certificate Required
<input type="checkbox"/>	Lead Behavior Analysis Therapist	<input type="checkbox"/>	Trauma Informed Care

Settings/Populations Treated

<input type="checkbox"/>	Adolescents	<input type="checkbox"/>	Homelessness
<input type="checkbox"/>	Adults	<input type="checkbox"/>	Men
<input type="checkbox"/>	Blind/Visually Impaired	<input type="checkbox"/>	Mobile Crisis
<input type="checkbox"/>	Children	<input type="checkbox"/>	Nursing Home
<input type="checkbox"/>	Community-Based	<input type="checkbox"/>	Physical Disability
<input type="checkbox"/>	Deaf/Hearing Impaired	<input type="checkbox"/>	Serious Emotional Disturbance
<input type="checkbox"/>	Developmental Disability	<input type="checkbox"/>	Serious Mental Illness

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<input type="checkbox"/>	Emotionally Disturbed	<input type="checkbox"/>	Severe Persistent Mentally Ill
<input type="checkbox"/>	Geriatric	<input type="checkbox"/>	School-Based
<input type="checkbox"/>	Hospital (Based)	<input type="checkbox"/>	Telemedicine
<input type="checkbox"/>	Home (Based)	<input type="checkbox"/>	Women
		<input type="checkbox"/>	Young Children

Treatment Modalities/ Approaches

<input type="checkbox"/>	Applied Behavioral Analysis (ABA)	<input type="checkbox"/>	Group Therapy
<input type="checkbox"/>	Addictive Disorders	<input type="checkbox"/>	Geriatric Psychiatry
<input type="checkbox"/>	Adolescent Psychotherapy	<input type="checkbox"/>	Gestalt
<input type="checkbox"/>	Adolescent Sex Offender	<input type="checkbox"/>	Hypnosis
<input type="checkbox"/>	Adolescent Psychiatry	<input type="checkbox"/>	Intensive Family Intervention
<input type="checkbox"/>	Adoption Issues	<input type="checkbox"/>	Individual Therapy
<input type="checkbox"/>	Alcohol/SA Treatment	<input type="checkbox"/>	Intensive Outpatient
<input type="checkbox"/>	Anger Management	<input type="checkbox"/>	Intake Assessment
<input type="checkbox"/>	Art Therapy	<input type="checkbox"/>	Medication Management
<input type="checkbox"/>	Attachment Therapy	<input type="checkbox"/>	Methodone/Suboxone
<input type="checkbox"/>	Behavioral Therapy	<input type="checkbox"/>	Mood Disorders
<input type="checkbox"/>	Brief Therapy	<input type="checkbox"/>	Neuropsychological Testing
<input type="checkbox"/>	Biofeedback	<input type="checkbox"/>	Neuro-Linguistic Programming (NLP)
<input type="checkbox"/>	Chemical Dependency Assessment	<input type="checkbox"/>	Outcomes Oriented Therapy
<input type="checkbox"/>	Child Parent Psychotherapy (CCP)	<input type="checkbox"/>	Parent Child Interaction Therapy (PCIT)
<input type="checkbox"/>	Child Psychiatry	<input type="checkbox"/>	Play Therapy
<input type="checkbox"/>	Child Psychological Testing	<input type="checkbox"/>	Psychological Testing
<input type="checkbox"/>	Christian Counseling	<input type="checkbox"/>	Psychoanalytic Therapy
<input type="checkbox"/>	Client Centered Therapy	<input type="checkbox"/>	Psychodynamic Therapy
<input type="checkbox"/>	Cognitive Rehab Therapy	<input type="checkbox"/>	Psychopharmacology
		<input type="checkbox"/>	Pain Management

<input type="checkbox"/>	Cognitive Therapy	<input type="checkbox"/>	Rationale Emotive Therapy
<input type="checkbox"/>	Community Support Program	<input type="checkbox"/>	Relapse Prevention
<input type="checkbox"/>	Community Support Program for the Homeless	<input type="checkbox"/>	Relationship Disorders
<input type="checkbox"/>	Couples Therapy	<input type="checkbox"/>	Sensory Processing/Integration
<input type="checkbox"/>	Crisis Intervention/Stabilization	<input type="checkbox"/>	Sexual Compulsions/Addictions
<input type="checkbox"/>	Critical Incident Debriefing	<input type="checkbox"/>	Sex Therapy
<input type="checkbox"/>	Dialectical Behavioral Therapy	<input type="checkbox"/>	Solution Empowerment Therapy
<input type="checkbox"/>	Developmental Evaluation	<input type="checkbox"/>	Stress Management
<input type="checkbox"/>	Domestic Violence	<input type="checkbox"/>	Tobacco

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<input type="checkbox"/>	ECT (Electroconvulsive Therapy)	<input type="checkbox"/>	Tobacco Cessation
<input type="checkbox"/>	EMDR (Eye Movement Desensitization & Reprocessing)	<input type="checkbox"/>	Trauma Focused Cognitive Behavioral Therapy
<input type="checkbox"/>	Evaluation/Assessment	<input type="checkbox"/>	Trauma Informed Care (TIC)
<input type="checkbox"/>	Family Therapy	<input type="checkbox"/>	Trust Based Relational Intervention (TBRI)
<input type="checkbox"/>	Family Systems	<input type="checkbox"/>	Weight Management
Disorders/Issues			
<input type="checkbox"/>	Addictive Medicine	<input type="checkbox"/>	Impulse Disorders
<input type="checkbox"/>	ADD/ADHD	<input type="checkbox"/>	Infertility
<input type="checkbox"/>	Addictive Disorders	<input type="checkbox"/>	Inpatient Attending
<input type="checkbox"/>	Adjustment Disorder	<input type="checkbox"/>	Inpatient Consult MD
<input type="checkbox"/>	Adolescent Behavior Disorders	<input type="checkbox"/>	Learning Disability
<input type="checkbox"/>	Adoption Issues	<input type="checkbox"/>	Medical Evaluation
<input type="checkbox"/>	Adult ADD	<input type="checkbox"/>	Medical Illness/Chronic Illness
<input type="checkbox"/>	AIDS/HIV	<input type="checkbox"/>	Men Issues
<input type="checkbox"/>	Anger Management	<input type="checkbox"/>	Mood Disorders
<input type="checkbox"/>	Anxiety/Panic Disorder	<input type="checkbox"/>	Marital Issues
<input type="checkbox"/>	Attachment Disorder	<input type="checkbox"/>	Mental Retardation
<input type="checkbox"/>	Autism/Aspergers	<input type="checkbox"/>	Obsessive Compulsive Disorder
<input type="checkbox"/>	Bipolar Disorders	<input type="checkbox"/>	Oppositional Defiant Disorder
<input type="checkbox"/>	Chemical Dependency	<input type="checkbox"/>	Organic Mental Disorder
<input type="checkbox"/>	Christian/Spiritual	<input type="checkbox"/>	Parenting Issues
<input type="checkbox"/>	Chronic Pain/Pain Management	<input type="checkbox"/>	Personality Disorders
<input type="checkbox"/>	Crisis Stabilization	<input type="checkbox"/>	Post-Partum Disorder
<input type="checkbox"/>	Cultural Issues	<input type="checkbox"/>	PTSD (Post-Traumatic Stress Disorder)
<input type="checkbox"/>	Child/Parent Bonding	<input type="checkbox"/>	Panic Disorder
<input type="checkbox"/>	Co-occurring Disorders	<input type="checkbox"/>	Phobias
<input type="checkbox"/>	Cognitive Disorder	<input type="checkbox"/>	Physical Abuse
<input type="checkbox"/>	Concussion	<input type="checkbox"/>	Reactive Attachment Disorder
<input type="checkbox"/>	Criminal Offenders	<input type="checkbox"/>	Relapse Prevention
<input type="checkbox"/>	Dementia Disorders	<input type="checkbox"/>	Sexual/Physical Abuse (Adults)
<input type="checkbox"/>	Developmental Disorder	<input type="checkbox"/>	Sexual/Physical Abuse (Children)
<input type="checkbox"/>	Disruptive Behavior	<input type="checkbox"/>	Schizophrenia
<input type="checkbox"/>	Dissociative Disorder	<input type="checkbox"/>	Serious/Persistent Mental Illness
<input type="checkbox"/>	Separation/Divorce	<input type="checkbox"/>	Sexual Disorders
<input type="checkbox"/>	Domestic Violence	<input type="checkbox"/>	Sexual Dysfunction
<input type="checkbox"/>	Dual Diagnosis	<input type="checkbox"/>	Sexual Abuse/Incest

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<input type="checkbox"/>	Depression	<input type="checkbox"/>	Sleep Disorder
<input type="checkbox"/>	Disabled	<input type="checkbox"/>	Step/Blended Families
<input type="checkbox"/>	Eating Disorders	<input type="checkbox"/>	Stress Management
<input type="checkbox"/>	Equine Assisted Therapies	<input type="checkbox"/>	Self-Injury
<input type="checkbox"/>	Family Dysfunction	<input type="checkbox"/>	Sexual Offender
<input type="checkbox"/>	Feeding Disorders	<input type="checkbox"/>	Substance Abuse
<input type="checkbox"/>	Gay/Lesbian/Bisexual	<input type="checkbox"/>	Suicide
<input type="checkbox"/>	Gender Identity Issues	<input type="checkbox"/>	Tobacco Cessation
<input type="checkbox"/>	Grief/Loss/Bereavement	<input type="checkbox"/>	Women Issues
<input type="checkbox"/>	Head Trauma	<input type="checkbox"/>	Work Related Problems
<input type="checkbox"/>	Home Visits		

Signature:

Date: