Email completed application to:
Lindaclew@responseworks.com

ResponseWorks, Inc. Individual Provider Application (Canada)

NAME: _____

Applying to Provide: ☐ **Trauma Response** ☐ ☐

For Traumatic Stress Services:
Is Provider able to provide services to any location in Canada ☐ **Yes** ☐ **No**
Is Provider able to provide international services? ☐ **Yes** ☐ **No**

Directions: Please complete at least one Service Address and Mailing Address section.
If you have more than two service locations, please include this information on a separate sheet or photocopy this page.

PRIMARY SERVICE ADDRESS (1):

_____
Address

_____
City Province Postcode

_____ _____
Phone Number Fax Number

_____ _____
Emergency Number Cell#

_____
Email address

Is this service location accessible by public transportation? ☐ Yes ☐ No

SERVICE ADDRESS (2):

_____
Address

_____
City Province Postcode

_____ _____
Phone Number Fax Number

_____ _____
Emergency Number Cell #

_____
Email address

Is this service location accessible by public transportation? ☐ Yes ☐ No

MAILING ADDRESS:

_____
Address

_____
City Province Postcode

LIABILITY/INSURANCE INFORMATION

Please include a copy of facesheet with limits and expiration date

Have you ever been the subject of any malpractice action/investigation? ___ Yes ___ No
If yes, please attach explanation

Company name of liability carrier: _____ Limits of liability: Per occurrence: $____ Aggregate: $____

For Coordination of care, please list major Health Plans and Behavioral Managed Care companies with which you participate: _____

_____

AFTER HOURS COVERAGE

Please indicate the method used to provide 24/7 coverage for emergencies. Please include your cell phone/pager number:

_____

_____

LICENSURE/CERTIFICATION and/or ACCREDITATION

Licensed Discipline:
Please indicate the discipline under which you are Licensed and/or Certified.
Please attach a copy of diploma for highest clinical degree and all current licenses/certifications

☐ Psychologist ☐ Social Worker ☐CAC ☐LPC/MHC ☐MFT/MFCC ☐Other: _____
Specify

Name of Provincial Regulatory Body*:* ----------

Additional Certification:
Please attach a current copy of all additional certifications

☐ CISD ☐ ATSS Certification ☐ BCATES ☐ Trauma Certification

If applying as EAP provider, please indicate years of experience providing EAP services: _____

How many years of postgraduate clinical experience do you have? _____

If applying as traumatic stress services provider, please indicate specific training you have received in this area, including dates and trainer. Please describe your most recent two occasions providing trauma response services, including dates:

_____

_____

_____

_____

CLINICAL AND PRACTICE PROFILE

Specialties (*Please indicate which of the following you provide)*

___ Critical incident debriefing/trauma response services ___ Mass casualty disaster response services ___ Family assistance services ___ Supervisor/management training or consultation ___ Faculty/administration training or consultation ___ Violence in the workplace consultation ___ Alcohol/Substance abuse ___ EMDR ___ Sexual assault/ Rape support ___ Topical seminar/brown bag presentation	___ Brief solution-focused therapy ___ LGBT and Q ___ Anger management ___ Adolescents/young adults ___ Veterans ___ Evening appointments ___ Weekend appointments ___ Suicide/emergency assessments ___ Other: _____

Special Populations and Foreign Languages (*check all that apply)*

___ Hearing Impaired ___ Visually Impaired ___ Speech Impaired ___ Other Disabled	___ Arabic ___ Chinese ___ French ___ German	___ Greek ___ Hebrew ___ Italian ___ Japanese	___ Korean ___ Polish ___ Portuguese ___ Russian	___ Spanish ___ Swedish ___ Vietnamese ___ Other: _____

I attest that all information provided to ResponseWorks, Inc. is true and correct to the best of my knowledge and belief. I agree to notify ResponseWorks, Inc. promptly if there are any material changes in the information provided. I hereby authorize ResponseWorks, Inc. to release information to any person, entity or governmental agency that has a legal right to know under any state or federal law. I agree to hold ResponseWorks, Inc. harmless from any liability for providing any such information as specified herein.

_____ _____
Provider Signature Date

RESPONSEWORKS, INC.

PROVIDER APPLICATION CHECKLIST

Please check to ensure the following documents are present and completed before forwarding to ResponseWorks, Inc.

1. Letter of Agreement is executed, unaltered and includes all attachments ____
2. Application is completed, signed and dated ____
3. Copy of current malpractice insurance facesheet ____
4. Copy of current license ____
5. Copy of certifications in field of practice ____
6. Curriculum vitae ____

(Revised 8/2012)