

Credentialing Application

1216 Patrick Street Kissimmee, Florida 34759

Name:		Contractual Services: <input type="checkbox"/> Part-time <input type="checkbox"/> Full-Time	
Languages			
English	<input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Fluent		
Spanish	<input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Fluent		
French	<input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Fluent		
German	<input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Fluent		
Creole	<input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Fluent		
American Sign Language	<input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Fluent		
Other:	<input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Fluent		
Describe all services you are able to perform – you must possess at time of hire the degree and credential needed as defined by Florida Chapter 491, F.S.; Chapter 458 and 459, F.S; Chapter 464, F.S			
Assessment and Evaluation	Biopsychosocial Evaluation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	In-depth Assessments (children 5 years old or younger)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Substance Abuse Assessment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Attachment/Bonding Assessment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Psychological Evaluation W/ IQ and achievement	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Psychiatric Evaluation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Behavioral Analyst Assessment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	In-depth Mental health Assessment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	In-depth Substance Abuse Assessment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Other:		
Therapy	Individual Therapy	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Group Therapy	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Family Therapy	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Anger Management (group)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Substance Abuse (individual)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Substance Abuse (Group)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Parenting (individual)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Parenting (Group)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Medication Management	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Therapeutic Supervised Visitation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	ABA Therapy	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Speech Therapy	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Other Services		
Additional/Other Services	Parent/Adolescent Coaching	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Drug Testing	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Respite	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Comprehensive Behavioral Health Assessment (CBHA)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	EAP Counseling	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Other:	

Servicing Area by **county** and **zip codes** - if you do not cover all areas in the county, please list all zip codes you are willing to serve.

Osceola county	Orange county	Polk	Seminole	Other
<input type="checkbox"/> All of Osceola	<input type="checkbox"/> All of Orange	<input type="checkbox"/> All of Polk	<input type="checkbox"/> All of Seminole	<input type="checkbox"/> All Counties
✓	✓	✓	✓	✓

SPECIALTY AREAS: Please check specialty areas that you have experience and/or training

<input type="checkbox"/> ADHD	<input type="checkbox"/> Divorce Mediation	<input type="checkbox"/> Parenting Issues
<input type="checkbox"/> Adolescent Behavioral Disorders	<input type="checkbox"/> EAP Counseling	<input type="checkbox"/> Psychopharmacology
<input type="checkbox"/> Adoption	<input type="checkbox"/> Ethnic/Cultural Issues	<input type="checkbox"/> Physical Disabilities
<input type="checkbox"/> Adjustment Disorders	<input type="checkbox"/> Eating Disorders	<input type="checkbox"/> PTSD
<input type="checkbox"/> Alcohol/Drugs	<input type="checkbox"/> Family Therapy	<input type="checkbox"/> Psychoanalytic Therapy
<input type="checkbox"/> Anger Management	<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Repressed Memory Syndromes
<input type="checkbox"/> Autism	<input type="checkbox"/> Grief/Bereavement	<input type="checkbox"/> Retirement Counseling
<input type="checkbox"/> Anxiety Disorders	<input type="checkbox"/> Group Therapy	<input type="checkbox"/> Schizophrenia
<input type="checkbox"/> Assertiveness Training	<input type="checkbox"/> Hearing Impaired	<input type="checkbox"/> School-related issues
<input type="checkbox"/> Behavior Disorder	<input type="checkbox"/> Hypnotherapy	<input type="checkbox"/> Severe/Persistent Mental Illness
<input type="checkbox"/> Bipolar Disorder	<input type="checkbox"/> Head Trauma	<input type="checkbox"/> Sexual/Physical Abuse
<input type="checkbox"/> Biofeedback/Relaxation	<input type="checkbox"/> HIV/Aids	<input type="checkbox"/> Sexual Deviations and Disorders
<input type="checkbox"/> Borderline Personality Disorders	<input type="checkbox"/> Legal Issues	<input type="checkbox"/> Sexual Identity/Orientation
<input type="checkbox"/> Chronic Pain/Terminal Illness	<input type="checkbox"/> Men's Issues	<input type="checkbox"/> Sleep Disorders
<input type="checkbox"/> Cognitive/Behavioral Therapy	<input type="checkbox"/> Marital Therapy/Divorce/Separation	<input type="checkbox"/> Smoking Cessation
<input type="checkbox"/> Crisis/Trauma	<input type="checkbox"/> Mood Disorders/Depression	<input type="checkbox"/> Step/Blended Families
<input type="checkbox"/> Critical Incident Debriefing: # of years	<input type="checkbox"/> Multiple Personality Disorders	<input type="checkbox"/> Stress Management
<input type="checkbox"/> Developmental Functioning	<input type="checkbox"/> Neuropsychological Testing	<input type="checkbox"/> Veteran's Issues
<input type="checkbox"/> Dissociative Disorders	<input type="checkbox"/> Nutrition Counseling	<input type="checkbox"/> Women's Issues
<input type="checkbox"/> Co-Occurring Diagnosis	<input type="checkbox"/> OCD	<input type="checkbox"/> Weight reduction
<input type="checkbox"/> Compulsive Gambling	<input type="checkbox"/> Panic/Phobia	<input type="checkbox"/> Workplace Issues
<input type="checkbox"/> Dementia Disorders	<input type="checkbox"/> Personality Disorders	<input type="checkbox"/> Other:

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Practice Hours and Locations						
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Work Day	From	To	Office	In-Home	School	Community
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						

Additional Information and Accommodations						
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