

Appendix G: Provider Specialty Practice Information

Agency/Practice Name: _____

Please complete this form and return it along with your signed contract. This information is used to facilitate referrals and to provide general information about your agency or practice.

Taxonomy Code(s) associated with Practice: _____

Target Population			
<input type="checkbox"/> MH-Adult	<input type="checkbox"/> SA-Adult	<input type="checkbox"/> IDD-Adult	
<input type="checkbox"/> MH-Child	<input type="checkbox"/> SA-Child	<input type="checkbox"/> IDD-Child	
General Categories		Ages	
<input type="checkbox"/> Mental Health		<input type="checkbox"/> Young Child (3-5)	<input type="checkbox"/> Older Child (6-12)
<input type="checkbox"/> Intellectual/Developmental Disabilities		<input type="checkbox"/> Adolescent (13-20)	
<input type="checkbox"/> Substance Use Disorder		<input type="checkbox"/> Adult (21-64)	<input type="checkbox"/> Geriatrics (65+)
Specialty & Applied Approaches			
<input type="checkbox"/> Autism Spectrum	<input type="checkbox"/> Dialectical Behavioral Therapy	<input type="checkbox"/> Applied Behavioral Analysis	<input type="checkbox"/> HIV/AIDS
<input type="checkbox"/> Traumatic Brain Injury	<input type="checkbox"/> ADHD	<input type="checkbox"/> Psychotic Disorders	<input type="checkbox"/> Faith-Based Counseling
<input type="checkbox"/> Mood Disorders	<input type="checkbox"/> Sex Offender Treatment	<input type="checkbox"/> Psychological Testing	<input type="checkbox"/> Behavior Therapy
<input type="checkbox"/> Neurodegenerative Disorders	<input type="checkbox"/> Conduct Disorders	<input type="checkbox"/> Forensic Screening/Evaluation (NC State Certified)	<input type="checkbox"/> Biofeedback
<input type="checkbox"/> Neuropsychological Disorders	<input type="checkbox"/> Personality Disorders	<input type="checkbox"/> Trauma Focused Treatment	<input type="checkbox"/> Family Systems
<input type="checkbox"/> Alcohol and other Drug Abuse	<input type="checkbox"/> Co-occurring MH/SA Issues	<input type="checkbox"/> Post-Traumatic Stress Disorder	<input type="checkbox"/> Learning Disabilities
<input type="checkbox"/> Gay/ Lesbian/ Transgender	<input type="checkbox"/> Anxiety Disorders	<input type="checkbox"/> Dementia	<input type="checkbox"/> Play Therapy
<input type="checkbox"/> Sexual Behavior Problems <input type="checkbox"/> Adult <input type="checkbox"/> Youth	<input type="checkbox"/> Anger Management	<input type="checkbox"/> Women's Issues	<input type="checkbox"/> Parent Training
<input type="checkbox"/> Cognitive Behavior Therapy	<input type="checkbox"/> Group Therapy	<input type="checkbox"/> Eating Disorders	<input type="checkbox"/> Other (specify)
Clinician Certification/Expertise (may require verification)			
<input type="checkbox"/> Addiction Psychiatry Fellowship, Board or ASAM Certification	<input type="checkbox"/> Addiction Treatment (LCAS, CSAC, CCS)	<input type="checkbox"/> Child Psychiatry Fellowship, or Board Certification	<input type="checkbox"/> Forensic Psychology/Psychiatry
Culturally diverse populations that you feel competent to treat:			
<input type="checkbox"/> White	<input type="checkbox"/> Black or African American	<input type="checkbox"/> American Indian or Alaska Native	
<input type="checkbox"/> Asian, Pacific Islander	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Other (specify)	
Language(s) other than English in which you are able to communicate fluently:			
<input type="checkbox"/> Spanish	<input type="checkbox"/> American Sign Language	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Available Interpreter Types (specify) _____
Gender & Race/Ethnic Background: (Information is voluntary and can be used publicly.)			
<input type="checkbox"/> Male	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Asian/Pacific Islander
<input type="checkbox"/> Female	<input type="checkbox"/> Caucasian	<input type="checkbox"/> American Indian/Alaskan Native American	<input type="checkbox"/> Other