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| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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| **☐ Male** **☐ Female** | **☐ Black/African American ☐ Hispanic/Latino ☐ Asian/Pacific Islander** **☐ Caucasian** **☐American Indian/Alaskan Native American ☐Other**  |