

South Shore Coalition of Independent Therapists (SSCIT.ORG) PROFESSIONAL PROFILE APPLICATION FORM (2011-2012)

Membership applications will be accepted throughout the year on a rolling basis. Enrollment period for inclusion in the booklet is between April 1 and July 1, 2011. Please send completed questionnaire and tax deductible membership fee of \$65.00 payable to "SSCIT" to:

Kenneth Freedman, LICSW
41 Popple Bottom Road
Sandwich, MA 02563

***Please read the following NEW instructions VERY carefully!**

****Please note:** Our organization is designed to promote clinicians in private, mental health practice in the state of MA. Those applying for professional membership **must** hold an active, professional certification and/or license to practice in this state. SSCIT will no longer process applications without these active credentials.

(Please print clearly or type. All applicants **must sign** the last page of this application!)

Returning applicants may mark "same as last year" where applicable **ON FIRST 2 PAGES ONLY**.

Name & Abbreviated Credentials _____

License and/or Certification number _____ (only 1 required)

Phone (o) _____ Fax _____

Email _____ (Include in Directory/Website? Y N)

Website _____ (Include in Directory/Website? Y N)

Office Address _____
(Include in Directory/Website? Y N)

Second Office _____
(Include in Directory/Website? Y N)

Mailing Address (if different) _____
(Include in Directory/Website? Y N)

Language(s) Spoken: _____

*If your descriptions run too long, we reserve the right to edit content for formatting purposes.

Services Offered _____

Special interests _____

Therapeutic Style _____

Groups Offered _____

HMO/PPO Affiliation (Only the first 12 will be listed in the directory. Additional listings may go on the website. Not all insurances are reflected on our website at this time) _____

Please **CIRCLE** the top **FIVE** items which best characterize your specialty areas. Only **FIVE** will be listed in the printed directory. To add extra specialties on the website, place a "X" next to those items.

SPECIALTIES

- | | |
|--|---|
| 1__ ADD/ADHD | 33__ LEARNING DISABILITIES/SPECIAL ED. |
| 2__ ADOLESCENTS | 34__ LIFE TRANSITIONS, MID-LIFE |
| 3__ ADOPTION | 35__ LOSS & GRIEF |
| 4__ ADULT CHILDREN OF ALCOHOLIC
OR DYSFUNCTIONAL FAMILIES | 36__ MEN'S ISSUES |
| 5__ AGING PARENTS | 37__ MEDICAL CAUSES FOR
PSYCHIATRIC SYMPTOMS |
| 6__ AIDS/HIV | 38__ MISCARRIAGE/INFANT LOSS |
| 7__ ANXIETY DISORDERS/PHOBIAS | 39__ MORAL DILEMMAS |
| 8__ ASSERTIVENESS | 40__ MOTHER/DAUGHTER RELATIONSHIP |
| 9__ BEHAVIORAL MANAGEMENT | 41__ MULTIGENERATIONAL ISSUES |
| 10__ BLENDED FAMILIES/STEP PARENTS | 42__ NEUROFEEDBACK |
| 11__ CAREER COUNSELING | 43__ NEUROPSYCHOLOGY |
| 12__ CHILDREN | 44__ PARENTING |
| 13__ CO-DEPENDENCY | 45__ PARTNERS/FAMILIES OF MEDICAL PATIENTS |
| 14__ CO-PARENTING | 46__ PASTORAL COUNSELING |
| 15__ COUPLES | 47__ PHYSICAL ILLNESS/CHRONIC PAIN OR ILLNESS |
| 16__ CRISIS INTERVENTION | 48__ PTSD |
| 17__ DEPRESSION | 49__ PREGNANCY/POSTPARTUM |
| 18__ DEVELOPMENTAL ISSUES | 50__ PSYCHIATRIC CONSULTATION |
| 19__ DISSOCIATIVE DISORDERS | 51__ PSYCHOPHARMACOLOGY |
| 20__ DIVORCE & SEPARATION | 52__ PSYCHOLOGICAL TESTING |
| 21__ DOMESTIC VIOLENCE | 53__ SEXUAL ABUSE |
| 22__ DREAM WORK | 54__ SEXUAL DYSFUNCTION |
| 23__ EATING DISORDERS | 55__ SINGLE PARENTING |
| 24__ EAP ASSESSMENTS | 56__ SPIRITUALITY |
| 25__ EMDR | 57__ STRESS MANAGEMENT |
| 26__ ENCOPRESIS/ENURESIS | 58__ SUBSTANCE ABUSE/ADDICTIONS |
| 27__ FAMILY THERAPY | 59__ SUPERVISION |
| 28__ FORENSIC EVALUATIONS / GAL | 60__ WOMEN'S ISSUES |
| 29__ GAY / LESBIAN ISSUES | 61__ OTHER _____ |
| 30__ GERIATRIC ISSUES | 62__ OTHER _____ |
| 31__ HYPNOTHERAPY | 63__ OTHER _____ |
| 32__ INFERTILITY | _____ |

*I hereby attest that all information provided is true and accurate.

Signed _____ Date: _____

Application is **invalid** without signature. A delay in signing this form may compromise your ability to be included in our printed directory. Any misrepresentation may result in termination of membership.