

# South Shore Coalition of Independent Therapists (SSCIT.ORG) PROFESSIONAL PROFILE FORM (2010-2011)

(Please print clearly or type.)

Name & Initials/Credentials \_\_\_\_\_

Phone (o) \_\_\_\_\_ Fax \_\_\_\_\_ Languages Spoken: \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_  
(Include on SSCIT Website? Y N) (Include on SSCIT Website? Y N)

Office Address \_\_\_\_\_

Second Office \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Services Offered \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Special interests \_\_\_\_\_

\_\_\_\_\_

Therapeutic Style \_\_\_\_\_

\_\_\_\_\_

Groups Offered \_\_\_\_\_

HMO/PPO Affiliation (Only 12 will be listed) \_\_\_\_\_

\_\_\_\_\_

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, 2010. 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 mark "same as last year" where applicable ON THIS SIDE ONLY.

**Complete Side Two -->**

**DO NOT WRITE "Same as last year" on this side.**

Place an "X" beside your top FIVE items which characterize your specialty areas the most. Only FIVE will be listed in the Directory. If you wish to have additional specialties listed on the website, place a "V" beside those specialties. Additional specialty areas can be listed on the reverse side of this form.

**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<br>OR DYSFUNCTIONAL FAMILIES | 36__MEN'S ISSUES                               |
| 5__AGING PARENTS  | 37__MEDICAL CAUSES FOR<br>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: \_\_\_\_\_

Any misrepresentation may result in termination of membership.