

2010–2011 Women’s Therapy Project Northwest Directory Application Form

1. Name First _____ Middle _____ Last _____

Cert/License initials _____

2. Office Address _____ Suite No. _____ Check box if Newsletter to go elsewhere

3. City _____ State _____ ZIP+4 _____ DT / NW / N/NE / SW / SE

4a. Phone (_____) _____ e-mail (for WTPNW use only) _____

4b. E-mail and/or Website for listing _____

5. License #(s) or supervisor’s name and credentials if not licensed _____

6. Yrs Clinical Experience _____

7. Preferred Areas of Practice: _____ Disabled Accessible

- Child Older Adult Individual
- Teen Disabilities Couples
- Adult Family Groups

8. Office Hours: Day Evening Weekend

9. Fee Range: Individual \$
 Couple \$
 Group \$
 Sliding scale: Yes No Some

10. Insurance Reimbursement: Some No

11. Special Skills/Training (25 words max.) _____

12. Areas of Clinical Interest (list additional areas for Specialty Index on back of this form)

| | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

13. Theoretical Orientation: (50 words max.) _____

14. Second Office

15. Yes ___ I want a photograph on my page.

16. Yes ___ I want to get a WTPNW e-mail address (format is: first initial last name@wtpnw.org):

Directory listees wanting to receive Newsletters at an address other than their office: Check box on Line 2 of application and give your mailing address below. The Newsletter subscription is included in your listing fee.

Name

Address for Newsletter

City

State

ZIP+4

(check www.usps.com for ZIP+4)

Continuation of Line 12 from front of application:

Areas of Clinical Interest that will NOT appear on your home page but will appear in the Specialty Index. Do not repeat what you listed on the front.

Cost of Directory listing is \$200 if postmarked by May 15, 2010 or \$225 if postmarked by June 1, 2010.

Make your check payable to WTPNW and mail to:

WTPNW
PO Box 10312
Portland, OR 97296-0312

Please detach the instruction page from this application page before mailing. Enclose a self-addressed, stamped postcard if you wish confirmation of receipt. If you have any questions about the Directory application or the website, please call Annik Larsen, LCSW at 503-957-0135 or e-mail alarsen@wtpnw.org.