



Women's Therapy Project Northwest

Application Directions for 2011–2012 Directory

DIRECTORY LISTING DEADLINES: (EARLY) MAY 15, 2011: \$200.00 / (LATE) JUNE 1, 2011: \$225.00

When you choose to be listed in the WTPNW Directory, you are joining a professional organization of mental health counselors and psychotherapists. This implies you have met the criteria for licensure by various Licensing Boards and that you are trained in counseling and/or psychotherapy. These criteria include:

A. PhD in psychology or counseling, PsyD, or MD with residency in psychiatry, and hold the appropriate licensure; or are without license but function in private practice or agency setting and are supervised by a licensed mental health professional or psychotherapist; or

B. Master's degree in psychology, mental health counseling, social work, pastoral counseling, or mental health nurse practitioner and hold the appropriate licensure; or

C. Master's degree in the above described disciplines, but without licensure and function in a private practice or agency setting, and are supervised by a licensed mental health professional or psychotherapist.

Being licensed by Boards that certify for ancillary skills other than mental health counseling/psychotherapy does NOT qualify you to be listed in the Directory, although you are encouraged to attend meetings, and have your name on the mailing list to receive the Newsletter. If you possess ancillary skills (in addition to counseling/psychotherapy) and incorporate them into your practice, you may indicate these skills on Line 11 of your application.

By listing your name in this Directory, you agree to abide by the WTPNW Code of Conduct that is part of the By-Laws of this organization and includes these guidelines:

- Client's confidences be kept, except when specific permission is given by the client or when required by law;
- Financial arrangement be agreed upon before payment is due;
- Relationships with clients/former clients never become sexual;
- Practitioners review their work regularly and seek consultation as needed;
- Members regard seriously any client's reports of ethical violation and work to hold practitioners accountable.

Directions for Application

Please write clearly and legibly. Application must be postmarked by May 15, 2011 for the \$200 rate or postmarked by June 1, 2011 for the \$225 rate. This application will be used to build both your print directory page and your web directory page.

FOR REPEAT SUBSCRIBERS: Please review the entire application carefully as there are changes from year to year, especially in the "Areas of Clinical Interest." Where there are no changes, you may simply indicate "same as last year."

FOR NEW SUBSCRIBERS: Please follow the directions exactly. There are space constraints and we cannot accommodate lengthier statements or other categories than those listed.

FOR ALL SUBSCRIBERS: If you wish to participate in the WTPNW listserv, which allows you to post and receive news of groups, office space, workshops, events etc. please include your e-mail on line 4a. It will NOT appear on your Directory page unless you also enter it on Line 4b.

Instructions

Line 1. Name should appear as First, Middle, Last. For those with 2 last names, CIRCLE which letter you want to be alphabetized by; indicate if it is to be hyphenated. After your name, give your Licensure/Certification (you may have more than one), e.g. ACSW, LCSW, LMFT, LPC, PhD (implying PhD in Clinical Psychology: PhD* with follow-up on Line 11 would read "**PhD in..."), etc. Only if you do NOT have licensure should MA, MDiv, MS, MSW etc. appear after your name.

Line 2. Address: Give street, suite number, building number or P.O. Box number. The Post Office will reject mail that does not show a suite number where one exists, so please indicate your suite number if you have one. Mark the box at the end of this line if you would like your Newsletter mailed to an address other than your office; give Newsletter address on the back of the application.

Line 3. City/State: ZIP CODE MUST INCLUDE ALL 9 DIGITS (look it up at www.usps.com). Circle your primary office geographic location by using the following code:

DT: Downtown—west of Willamette River, south of Burnside, within I-405 loop

NW: North of Burnside, west of Willamette River

N/NE: North of Burnside, east of Willamette River

SW: Outside I-405 loop, south of Burnside, west of Willamette River

SE: South of Burnside, east of Willamette River

Line 4a. List e-mail for WTPNW and list-serv use only. Enter e-mail on Line 4b also if you wish it to appear on your page.

Line 4b. List e-mail and/or website to appear on your page. If you are using a wtpnw.org e-mail it will automatically be listed on your page.

Line 5. Licensure info: Enter the issuing state, define the license, and give license number(s). You cannot be listed without this info. IF YOU DO NOT HOLD LICENSURE, YOU MUST ENTER YOUR SUPERVISOR'S NAME AND LICENSE INITIALS, and indicate your field of major study for the degree(s) shown on Line 1.

Line 6. Years clinical experience: Enter WHOLE years.

Line 7. Preferred areas of practice: "X" those you want noted.

Line 8. Office hours: "X" those you want noted. Do not list individual days and times.

Line 9. Fee range: Enter your range. Mark if you have a sliding fee scale. If your entire fee schedule is based on a sliding fee, mark "Yes." If you have a limited sliding scale, mark "Some."

Line 10. Insurance reimbursement: Mark one, but be advised there is no space to list individual plans that accept your billing.

Line 11. Special skills/training: List appropriate SKILLS here, not areas of clinical interest (which belong on Line 12). E.g., you might list training in specific techniques such as EMDR or hypnosis, or ancillary skills such as a foreign language, nursing degree etc. Please limit to a maximum of 25 words. Anything longer will be edited.

Line 12. Areas of clinical interest: Due to format restrictions, your "home page" listing must be confined to six interest areas. However, you may indicate as many of these areas as you wish for the Specialty Index. List your six most important interest areas on the application front. These will appear on your "home page," as well as in the Specialty Index. Then, on the back of the application, add to your list of interest areas (do not repeat the six already listed). You will be listed under all of these in the Index.

Interest Areas Must Be Taken Only From the List Below

Abuse/Adults Molested as Children (AMAC)	Child/Play Therapy	Grief/Loss
ADD/ADHD	Couples Therapy	Group Therapy
Addictions/Recovery/Adult Child of Alcoholic (ACOA)	Creativity/Spirituality	Jungian Therapy
Adolescents	Cross-cultural Issues	Lesbian/Gay/Bisexual Issues
Adoption	Disabilities	Medical Problems
Aging	Dissociative Identity Disorder	Midlife Issues
AIDS/HIV+	Divorce/Separation	Obsessive Compulsive Disorder
Anger	Domestic Violence	Personality Disorders
Anxiety/Depression	Eating Disorders	Pregnancy/Post-partum Issues
Art Therapy	Family Therapy/Parenting	Sex Therapy/Sexuality
Bipolar Disorder	Fertility/Infertility	Supervision
Career Counseling	Gender Identity/Trans Issues	Trauma/Post Traumatic Stress Disorder (PTSD)

Line 13. Theoretical orientation: Please limit to a maximum of 50 words. Anything longer will be edited.

Line 14. If you have a secondary office, give address and phone number.

Line 15. If you would like a photo on your page or want to update an existing photo, mark "yes" and e-mail a .jpg file (shortest dimension 360 pixels or larger) to alarsen@wtpnw.org by June 1st. Leave blank if you're happy with your current photo or don't want one.

Line 16. Check if you would like to get an e-mail address via our website (useful if you want to be contacted by clients but don't want to give out a personal e-mail address).

2011–2012 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, 2011 or \$225 if postmarked by June 1, 2011.

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.