Clinician Application

Legal Name:
Name if different from legal name:
Pronouns:
Undergraduate School and Degree: Graduation Date:
Graduate School and Degree: Graduation Date:
License type and License Number:
Please detail your area of interest in terms of client population (including age, gender, diagnosis, theoretical preference, and any other area of specialty)

lect on profes	sional experiences or personal experiences)
	

team

- Physical/Mental Disability
 Vetern
 Racial/Ethnic Minority
 Prefer not to say

What is your availability? (Days and Times)
What languages do you speak or write fluently?
Where do you ideally see yourself professionally in a few years?

Additional information: Please use this area to let us know anything additional that you think is important for us to know. Feel free to use this area to identify some of your academic/professional strengths.
We require a background check. Have you had a background in the past 12 months?
o Yes
o No
If so, can you provide a copy of this background check? O Yes
o No
If not, you must pay for a BCI & FBI background checks.
Please list 3 references (2 of which must be professional references)
Name and Relationship:
Phone:
E-mail:
Name and Relationship:
Phone:E-mail:
Name and Relationship:
Phone:
D-III/AII