

GWSCSW 2008 WEB MARKETING (REFERRAL PANEL) APPLICATION

For current and new applicants – this form must be submitted each year. Deadline: October 31, 2007.
PLEASE – Read carefully and follow directions. PRINT LEGIBLY.

- Are you currently a FULL MEMBER of GWSCSW? Yes No *If no, stop here; only current full members are eligible. To join or renew, call 202-537-0007.*
- RENEWAL (\$20)** - For current members of the Referral Panel. **If you wish to make any changes, go to your entry online, select "Printer Friendly Page," print the page, neatly mark your changes and attach the page to this form.**
- Renew w/ NO CHANGES Renew w/ changes marked on ATTACHED page (DO NOT use New Member form below)
- NEW (\$95)** - Not currently a member of Web Marketing (Referral Panel). *Fill out form below.*

Name _____

Licensed in: Virginia (LCSW) Maryland (LCSW-C) DC (LICSW)

Have you ever been sued for malpractice? No Yes (please attach an explanation)

Have any of your state licenses expired, been revoked, suspended or denied? No Yes (please attach an explanation)

Have you ever been charged with an ethics violation? No Yes (please attach an explanation)

All of the above information is true to the best of my knowledge.

Signature _____ Date _____

► **INCLUDE WITH YOUR APPLICATION:**

- A copy of each state license where you wish to list an office
- A copy of your current malpractice liability insurance policy showing a minimum of \$1,000,000 coverage
- If renewing w/changes, a copy of your personal web page with changes clearly marked.

PAYMENT:

- Check enclosed (payable to GWSCSW) in the amount of \$ _____
- Payment is included with Membership Renewal.

► **MAIL THIS FORM WITH ALL SUPPORTING DOCUMENTS TO:**

GWSCSW
PO Box 3235
Oakton VA 22124
(NO FAXES)

Questions?
202-537-0007

▼ NEW MEMBERS ONLY ▼

Office Address *Note: If you wish to list more than one office, you must submit a separate application for each location.*

Street Address _____ Phone _____

City / State / Zip _____ Fax _____

Email link, enabling clients to contact you. Use this email address: _____

Include a link to your personal web site: _____

Please check (Please be as specific as possible about your specialties or other unique aspects of your practice.)

Office Hours: Day Evening Saturday Sunday Handicap Accessible

Adjustable Fees: Yes No Do you have a student rate? No Yes

Population: Child Adolescent Adult Geriatric Developmentally Challenged

Modalities: Individual Group Family Couple

Services: Consultation Case Management Supervision (check here if you meet Md. standards for Supervision:)

Specialties: Alcoholism/Substance Abuse _____ _____

Ongoing groups _____ Foreign Language(s) _____

Theoretical Orientation(s): Cognitive Cognitive/Behavioral Eclectic Family Systems Integrative

Psychoanalytic Psychodynamic Other _____

A brief (**only the first 50 words will be included**) description of your practice/orientation for prospective clients:

List all insurance panels from which you accept referrals _____

Instructions and Changes for Filling Out the Marketing Website (aka Referral Panel) Form

■ If you were a member last year

- Fill in only the top half of the form (name, signature, and ethics/licensing/malpractice questions).
- If you are making no changes to your webpage, you are done after filling in the top half of the form and attaching your documentation and check.
- If you wish to make changes, print out your webpage from the internet and legibly print any changes you wish to make on that sheet. Do not write in the bottom half of the form, as this creates unnecessary work for administrative staff, who have to figure out which data is being changed, and may result in incorrect information on your webpage.

■ If you were NOT a member last year

Fill in the entire form. The bottom half of the form is *only* for those Society members who did not have a webpage last year on www.metropsychotherapy.info.

■ Regarding Specialties

We have eliminated the duplication of members having to check as specialties those things (depression, loss, bereavement, divorce, separation, transitions, anxiety, and phobia) which are really elements of general practice. There is no need to list those among your specialties, as the website will state that most social workers handle these problems. However, since fewer clinicians treat alcohol and substance abuse problems (a frequent request), we have designated this as a yes/no question under specialties. Additionally, please list as many specialties as you wish. Even if you wrote the book on the treatment of disabled nuns, it will only appear on the website if you list it here.

■ Deadline is October 31, 2007

This is a once a year sign-up process for existing Society members to be included on the marketing website and accompanying paper listing. If you miss the deadline of October 31, you will have to wait until 2009 to be included. Don't delay.

■ Payment

The fee for new members is \$95. Renewing members pay \$20. You may include your fee with your GWSCSW membership renewal if you like. Check the box on this form, so that we know to look for your payment with your membership renewal.

■ Questions

Sounds hard; actually easy. For questions, call Eileen Ivey, 301-652-1030.