

GWSCSW 2010 WEB REFERRAL PANEL APPLICATION

Deadline: December 15, 2009

PLEASE – Read the entire form carefully and follow all 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.*

Name _____

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

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Have any of your state licenses expired, been revoked, suspended or denied?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 _____

▼ NEW REFERRAL PANEL MEMBERS ONLY ▼

Office 1 Street Address _____ Phone _____

City / State / Zip _____ Fax _____

Office 2 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 (Certified for Maryland Virginia)

Specialties (3 ONLY): _____ _____ _____

Ongoing Groups _____ Foreign Language(s) _____

Theoretical Orientation(s): 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:

Please email to: gwscsw@gmail.com with Subject line: Referral Panel 50-Word Description
or type or print clearly on the back of this form or on a separate sheet and include with this application.

Insurance panels: _____

► APPLICATION PACKAGE MUST INCLUDE:

- This **application form**, fully completed.
- A copy of each **state license** for 2010 where you wish to list an office
- A copy of your current **malpractice liability insurance policy** showing a minimum of \$1,000,000 coverage for 2010
- Check** payable to GWSCSW in the amount of \$95

► MAIL THIS FORM WITH ALL SUPPORTING DOCUMENTS TO:

GWSCSW
PO Box 3235
Oakton VA 22124

All parts of your application must be included or your application cannot be processed.

QUESTIONS?

gwscsw@gmail.com

202-537-0007