

Mental Health Professional Application

This application is to be filled out by a licensed mental health professional (psychotherapist, psychiatrist, or credentialed counselor) for the purpose of applying to serve as a participating mental health professional through the Ray of Light Fund.

Please complete the following application and submit a completed W-9 Form and copies of current:

- Curriculum Vitae
- Degree
- License/Registration
- Malpractice Insurance
- Copy of NPI Letter issuing NPI number

NAME:

BUSINESS ADDRESS:

BUSINESS TELEPHONE NUMBER:

BUSINESS EMAIL ADDRESS:

NUMBER OF YEARS IN PRACTICE:

ADDITIONAL CREDENTIALING OR LICENSURE:

ANY SPECIALTY AREA:

DO YOU HAVE A REFERRING PSYCHIATRIST:

Clinical Committee Approval:

Yes No

Date:

Advisory Board Approval:

Yes No

Date: