



## Credentialing Verification

Please check one:

- Partnering as a Practice
- Partnering as an Individual Entity

## Contact Information

Full Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

## License Information

License Number: \_\_\_\_\_

License Type: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

## Liability Insurance

Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

**Clinical Specialties (check all that apply)**

CBT    DBT    EMDR    Talk Therapy    Other: \_\_\_\_\_

**Required Attachments (to be submitted separately)**

- Resume or CV
- Copy of License
- Proof of Liability Insurance

**Authorization & Signature**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

Status:  Approved    Denied

Reviewed By: \_\_\_\_\_

Date: \_\_\_\_\_

Additional Information / Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Executive Director Signature: \_\_\_\_\_

Development Director Signature: \_\_\_\_\_