

RST Designated Provider

CONTRACTOR APPLICATION

Application information

Full name:	_____	Date:	_____
	<i>Last First M.I.</i>		
Address:	_____	Phone:	_____
	<i>Street address Apt/Unit #</i>		
	_____	Email:	_____
	<i>City State Zip Code</i>		
Date Available:	_____		

Are you authorized to work in the U.S.? Yes No

Do you have at least five years of experience working as an independently licensed counselor with trauma or traumatic stress? Yes No

Do you have both in-person and HIPAA compliant telehealth options available to clients? Yes No

Do you have experience working with professionals dealing with secondary trauma, compassion fatigue, or vicarious trauma? Yes No

Do you have training in evidence-based practices for trauma? If yes, please list. Yes No

EMDR CPT Narrative Exposure Therapy

Please list professional license(s) and certification(s):

Has your professional license or certification ever been subject to suspension, revocation or cancellation?
If yes, please explain:

Yes No

What insurance do you accept?

Medicaid Medicare BCBS Sanford United Health Other: _____

Why are you interested in becoming a part of the RST provider team?

Education

College: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes No Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes No Degree: _____

References

Please list three professional references.

Full name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____ Email: _____

Full name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____ Email: _____

Full name:	_____	Relationship:	_____
Company:	_____	Phone:	_____
Address:	_____	Email:	_____

Employment History

Company:	_____	Phone:	_____
Address:	_____	Supervisor:	_____
Job title:	_____	From:	_____ To: _____
May we contact your previous supervisor for a reference?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Company:	_____	Phone:	_____
Address:	_____	Supervisor:	_____
Job title:	_____	From:	_____ To: _____
May we contact your previous supervisor for a reference?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Military Service

Branch:	_____	From:	_____ To: _____
Rank at discharge:	_____	Type of discharge:	_____
If other than honorable, explain:	_____		

Disclaimer and signature

I certify that my answers are true and complete to the best of my knowledge. I understand that false or misleading information in my application or interview may result in my release.

I hereby authorize any organization affiliated with this agency to conduct a reference check with my present and/or previous employer(s) and references. I understand that reference information may include, but not be limited to, verbal and written inquiries or information about my employment performance, professional demeanor and character, rehire potential, dates of employment, and employment history.

Signature:	_____	Date:	_____
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