



# Psychology For All

## Clinician Application Form

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Sex: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_ Age: \_\_\_ Email address: \_\_\_\_\_

Website (if applicable): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Professional License #: \_\_\_\_\_

Professional Field & Degree: \_\_\_\_\_

Office Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip code: \_\_\_\_\_ Office phone number: \_\_\_\_\_

### Clinical Practice Information

Clinical Issues Treated: \_\_\_\_\_

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

Client age range: \_\_\_\_\_

Modalities: \_\_\_ Individual Therapy \_\_\_ Family Therapy \_\_\_ Couples Therapy

How many clients from PFA are you willing to serve in the next year? \_\_\_\_\_

Are you interested in providing any pro bono services to PFA clients? \_\_\_\_\_

### Banking Information (for payment purposes)

Bank Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Bank Routing Transit Number: \_\_\_\_\_

Bank Account #: \_\_\_\_\_

I hereby certify that the information provided herein is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

***Please return to PFA along with completed W-9 Form and proof of professional liability insurance coverage as described in Services Agreement.***