

**Fairfax-Falls Church CPMT
Children's Services Act
Individual Clinicians Qualifications**

*The Commonwealth of Virginia does not allow the purchase of licensable services from unlicensed providers with CSA Funds. Therefore, all Fairfax Falls Church CSA contracted providers must have a license issued by the appropriate State Board.

Agencies with more than one licensed staff providing direct service use multiple Individual Provider Sheets, one for each therapist. License-Eligible clinicians under supervision must provide verification of registration.

Attach a resume for each therapist highlighting trainings and certifications.

Name:			
Phone Number:			
Email:			
LICENSURE/CERTIFICATES (List each license held in Virginia)			
Type of License:		Issuing Entity:	
Date of Issue:		Expiration Date:	
Type of License:		Issuing Entity:	
Date of Issue:		Expiration Date:	
Type of License:		Issuing Entity:	
Date of Issue:		Expiration Date:	
SPECIALTIES, CERTIFICATIONS & EXPERTISE (Please attach a resume highlighting trainings and certification)			
Type of Specialty:			
Languages: (Please List)			



Department of Administration for Human Services
Contracts & Procurement Management
12011 Government Center Parkway, Suite 738
Fairfax, VA 22035
Phone: 703-324-5630 Fax: 703-324-7339 TTY: 711

<http://www.fairfaxcounty.gov/admin/cm/>

Fairfax County is an Equal Opportunity Employer that does not discriminate on the basis of race, color, sex, creed, religion, national origin, age, disability, genetic information, veterans' status or disabled veterans' status.

**Please Indicate Certificates and/or training in the following:
(Please attach verification of certification)**

- Cognitive Behavior Therapy (CBT)
 - Trauma-Focused Cognitive Behavior Therapy (CF-CBT)
 - Other Trauma Specific Treatment: (please list)
-

- Dialectical Behavior Therapy
- Applied Behavior Analysis
- Functional Family Therapy
- Motivational Interviewing
- Social Skills training
- Expressive Therapies
- Anger Management
- Interpersonal Psychotherapy: Individual, Family, Group
- Multisystemic Therapy
- Family Centered Treatment
- Play Therapy
- Aggression Replacement Therapy
- Other evidence-based or evidence-informed models:

Please list:

All of the information submitted in this application is accurate and truthful to the best of my knowledge and is submitted with the intent to enter into an Agreement for the Purchase of Services with the Fairfax-Falls Church CPMT.

Clinician's Signature/Title

Date

Printed Name



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