Individual Providers of Clinical Services

*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.

*If you are not a Medicaid/MCO Enrolled Provider, please provide proof of application, or justification for not participating with Virginia Medicaid.

*Agencies with more than one licensed staff providing direct service use multiple Individual Provider Sheets.

Attach a resume for each therapist highlighting trainings and certifications.

This is a fillable Word Document. Please enter in space provided and print, sign and return.

Individual Therapist Name:					
Business Address:					
City:		State		Zip	
Phone Number:		Fax No.			
E-mail:		Phone			

Licensure: List each license held, regardless of issuing State

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	
Type of Specialty:	
Languages:	

Please indicate whether you are certified and/or have specific training in the following models:

- ☐ Trauma-Focused Cognitive Behavior Therapy
- ☐ Other Trauma-specific treatment, list:
- ☐ Dialectical Behavior Therapy
- ☐ Functional Family Therapy
- ☐ Cognitive Behavior Therapy
- ☐ Parent Management Training such as PCIT, PMTO
- ☐ Applied Behavioral Analysis
- ☐ Motivational Interviewing
- ☐ Social Skills Training
- ☐ Anger Management
- ☐ Expressive therapies
- ☐ Other evidence-based or evidence-informed models, list:

All of the information in this application is accurate and truthful.

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Signature of Clinician and Date