

SHORT TERM BEHAVIORAL HEALTH (STBH) SERVICE PROVIDER APPLICATION

Part 2 (2 of 2)

STBH Clinician Authorization Form

(A separate form MUST be completed for each clinician providing STBH services)

CLINICIAN CREDENTIALING (per Contract Requirements)

- Participating clinicians must be licensed in the Commonwealth of Virginia or, at a minimum, a master's level clinician (counseling resident, social work supervisee, psychology resident) under the supervision of a licensed clinician. The clinician may be enrolled in an APA accredited clinical psychology doctorate program in their third year or above. Doctorate students must be under the supervision of a clinician who is licensed in psychology in the Commonwealth of Virginia.
- Participating clinicians must present documentation of at least 12 hours/CEU's or graduate coursework in Cognitive Behavioral Therapy, at least 12 hours/CEU's or graduate coursework in trauma, and at least 2 hours/CEU's in Suicide/Risk Assessment. (Note: If an applicant provider does not have the specific training listed above, they may be offered a six-month grace period of acquiring the training, either online or in-vivo training. Trainings may also be obtained through the training collaborative, the Fairfax Consortium for Evidence-Based Practice.)
- Participating clinicians must have experience working with children, youth, and families.

Name of Clinician:		Name of Agency:	
Phone Number:		Email:	
LICENSURE (List each license held in Virginia)			
License:		License #:	Expiration Date:
License:		License #:	Expiration Date:
SPECIALTIES/EXPERTISE, LANGUAGES SPOKEN AND AGES SERVED			
Specialty/Expertise:			
Languages Spoken:			
Ages Served:			

STBH PROVIDER APPLICATION PART 2 CHECKLIST

(Please check off and be sure to attach all required documentation outlined below.)

- Clinician's license or proof of licensure (i.e., credentialing board license lookup) or Supervision approval letter

All the information in this application is accurate and truthful. This application is submitted with the intent to enter an Agreement for the Purchase of Service.

Signature of Authorized Representative/Title

Date

Print Name