

Women's Counseling Network Information Needed for New Members Waiting List

Name: (Include degrees)

Address: (Maximum of two addresses)

Phone: (Maximum of two phone numbers)

Licenses:

Areas of Expertise: (From attached "List of Specialties", maximum of 7)

- 1
- 2
- 3
- 4
- 5
- 6
- 7

Therapeutic Approach: (Please list maximum of 4)

- 1
- 2
- 3
- 4

Personal Statement:

Maximum of 1000 characters (including spaces)

Primary Populations Served: (examples: adults, couples, etc. Please list maximum of 4)

- 1
- 2
- 3
- 4

Insurance Accepted: (please list alphabetically)

Fees: (Please do not list a dollar amount. Use fixed fee, standard, sliding scale, maintain spaces for lower fee clients, etc.)

E-mail:

Website Link: