

Member Input Form for the CPG Directory

Name (include your professional initials):

primary work address:

Group name:

Street:

City, State, Zip:

Tel.:

Fax:

secondary work address:

Group name:

Street:

City, State, Zip:

Tel.:

Fax:

On the following 3 attributes, please check all that apply.

Practice: Advanced Practice Registered Nurse Licensed Professional Counselor Psychiatrist
 Licensed Alcohol and Drug Counselor Licensed Marriage and Family Therapist
 Licensed Clinical Social Worker Licensed Psychologist

Clients: Adults Young Adults Older Adults Adolescents
 Late Adolescents Children Young Children

Format: Individuals Couples Families
 Groups Organizations House visits

Describe below all the professional certifications you have acquired, in their order of importance to you (we may not be able to list them all). Please use official nomenclature, as found on your paperwork (e.g., "Diplomate, American Board of Examiners in Clinical Social Work.")

Certification: _____

Agency Conferring Certification: _____

Please refer to your copy of the Directory for suggestions as to how to fill out the remaining 4 attributes.

Education:

Background/Experience:

Professional Interests/Specialties:

Professional Affiliations/Activities:

I. For the Directory's Specialties Index: Please choose your specialties from the list below.

SUGGESTED LIMIT: 25 specialties. Feedback indicates that choosing more has a negative effect.

- | | | |
|--|---|---|
| <input type="checkbox"/> Abuse: Sexual or Physical | <input type="checkbox"/> Dissociative Disorders | <input type="checkbox"/> Marriage/Relationship Issues |
| <input type="checkbox"/> Adolescents | <input type="checkbox"/> Divorce (see also Mediation) | <input type="checkbox"/> Mediation |
| <input type="checkbox"/> Adoption Issues | <input type="checkbox"/> Domestic Violence: Offenders | <input type="checkbox"/> Men's Issues |
| <input type="checkbox"/> Aging Issues | <input type="checkbox"/> Domestic Violence: Victims | <input type="checkbox"/> Multi-Cultural Issues/Adjustment |
| <input type="checkbox"/> Alcohol or Chemical Addictions | <input type="checkbox"/> Dual Diagnoses | <input type="checkbox"/> Obsessive- Compulsive Disorders |
| <input type="checkbox"/> Anger Problems | <input type="checkbox"/> Eating Disorders | <input type="checkbox"/> Post-Traumatic Stress Reactions |
| <input type="checkbox"/> Anxiety and Panic Disorders, Phobias | <input type="checkbox"/> EMDR | <input type="checkbox"/> Psychological Testing |
| <input type="checkbox"/> Art and other Creative Therapies | <input type="checkbox"/> Family Therapy | <input type="checkbox"/> Rape or Sexual Assault |
| <input type="checkbox"/> Assessment of Young Children | <input type="checkbox"/> Fertility Issues | <input type="checkbox"/> School Problems |
| <input type="checkbox"/> Attention Deficit Disorder (ADD) | <input type="checkbox"/> Gambling | <input type="checkbox"/> Sex Therapy |
| <input type="checkbox"/> Attention Deficit/ Hyperactivity Disorder | <input type="checkbox"/> Gay Men's Issues | <input type="checkbox"/> Sexual Addictions |
| <input type="checkbox"/> Bipolar Disorder | <input type="checkbox"/> Gay/Lesbian Relationship Issues | <input type="checkbox"/> Spiritual or Religious Concerns |
| <input type="checkbox"/> Business or Organizational Issues | <input type="checkbox"/> Gender Identity Issues | <input type="checkbox"/> Stress Management |
| <input type="checkbox"/> Career Issues | <input type="checkbox"/> Grief and Loss Issues | <input type="checkbox"/> Women's Issues |
| <input type="checkbox"/> Children | <input type="checkbox"/> HIV+/AIDS | |
| <input type="checkbox"/> Chronic Pain | <input type="checkbox"/> Hypnosis | |
| <input type="checkbox"/> Crisis Intervention | <input type="checkbox"/> Illness: Chronic, Life-threatening | |
| <input type="checkbox"/> Custody Evaluations | <input type="checkbox"/> Learning Disabilities | |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Lesbian Issues | |

II. For the Directory's Geographic Index, check one or two:

For those on the borders of any of these areas: you may wish to consider not so much the location(s) of your practice, as the locations from which you tend to draw clients. Sample towns:

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Fairfield | <i>Fairfield: Bridgeport, Darien, East Norwalk, Greenwich, Monroe, New Canaan, Norwalk, Old Greenwich, Ridgefield, Rowayton, Southport, Stamford, Stratford, Trumbull, Weston, Westport, Wilton</i> |
| <input type="checkbox"/> New Haven | <i>New Haven: New Haven, Hamden, Milford, Woodbridge, West Haven, Orange</i> |
| <input type="checkbox"/> East Shore | <i>East Shore: Branford, Chester, East Haddam, East Lyme, Gales Ferry, Guilford, Madison, New London, North Branford, Norwich, Old Saybrook</i> |
| <input type="checkbox"/> Central CT | <i>Central CT: Bolton, Cheshire, Cromwell, Farmington, Hartford, Middletown, Portland, South Windsor, Wallingford, Waterbury, West Hartford</i> |

III. For our records only:

Home phone & address: _____

e-mail address: _____ Publish this in your listing? Yes No

website URL: _____ Publish this in your listing? Yes No