

## **Behavioral Health Professional Areas of Expertise**

| Group Name:                              |  |
|--|--|
| Provider Name:                           |  |
| Provider Type (degree)                   |  |
| ndividual NPI Number                     |  |
| _anguage(s) Spoken (other than English): |  |
|  |  |
|  |  |

| Practice Description   | Ages<br>0-5 | Ages<br>6-12 | Ages<br>13-17 | Ages<br>18-64 | Ages<br>65+ |
|--|-------------|--------------|---------------|---------------|-------------|
| Abuse, Assault and Trauma (PTSD)                             |             |              |               |               |             |
| Adoption Issues  |             |              |               |               |             |
| Affective Mood Disorders                                     |             |              |               |               |             |
| Anger Management   |             |              |               |               |             |
| Anxiety and Panic Disorders                                  |             |              |               |               |             |
| Applied Behavior Analysis (ABA)                              |             |              |               |               |             |
| Attention Deficit Disorders                                  |             |              |               |               |             |
| Autism Spectrum Disorders                                    |             |              |               |               |             |
| Bariatric Assessment   |             |              |               |               |             |
| Behavior Modification  |             |              |               |               |             |
| Bipolar Disorders/Manic Depressive Illness                   |             |              |               |               |             |
| Brief Solution Focused                                       |             |              |               |               |             |
| Chemical Dependency/Chemical Dependency Assessment           |             |              |               |               |             |
| Cognitive Behavior Therapy                                   |             |              |               |               |             |
| Compulsive Gambling  |             |              |               |               |             |
| Couples/Marriage Therapy                                     |             |              |               |               |             |
| Critical Incident Stress Debrief (CISD)                      |             |              |               |               |             |
| Cultural/Ethnic Issues                                       |             |              |               |               |             |
| Depression   |             |              |               |               |             |
| Developmental Disorders                                      |             |              |               |               |             |
| Dialectical Behavior Therapy                                 |             |              |               |               |             |
| Divorce/Blended Family Issues                                |             |              |               |               |             |
| Domestic Violence  |             |              |               |               |             |
| EAP General  |             |              |               |               |             |
| Eating Disorders (if yes, respond to the 4 questions below): |             |              |               |               |             |
| Are you a Certified Eating Disorder Specialist (CEDS)?       | ○ Yes       | ○ No         |               |               |             |
| Do you have 3 years of experience in this area?              | ○ Yes       | ○ No         |               |               |             |
| Do you work closely with a dietician/nutritionist?           | ○ Yes       | ○ No         |               |               |             |
| Can you schedule an urgent appointment within 48 hrs?        | ○ Yes       | ○ No         |               |               |             |

| Practice Description                               | Ages<br>0-5 | Ages<br>6-12 | Ages<br>13-17 | Ages<br>18-64 | Ages<br>65+ |
|--|-------------|--------------|---------------|---------------|-------------|
| Electroconvulsive Therapy - Inpatient              |             |              |               |               |             |
| Electroconvulsive Therapy - Outpatient             |             |              |               |               |             |
| Eye Movement Desensitization & Reprocessing (EMDR) |             |              |               |               |             |
| End of Life Issues                                 |             |              |               |               |             |
| Family Therapy                                     |             |              |               |               |             |
| Forensic   |             |              |               |               |             |
| Gay/Lesbian/Bisexual Issues                        |             |              |               |               |             |
| Grief/Bereavement                                  |             |              |               |               |             |
| Group Therapy                                      |             |              |               |               |             |
| Hearing Impaired                                   |             |              |               |               |             |
| HIV/AIDS/ARC Related Issues                        |             |              |               |               |             |
| Infertility  |             |              |               |               |             |
| Medical Illness/Disease Management                 |             |              |               |               |             |
| Medication Management                              |             |              |               |               |             |
| Men's Issues                                       |             |              |               |               |             |
| Multi-Systemic Therapy (MST)                       |             |              |               |               |             |
| Neuropsychological Testing                         |             |              |               |               |             |
| Obsessive Compulsive Disorder                      |             |              |               |               |             |
| Organic Disorders                                  |             |              |               |               |             |
| Pain Management                                    |             |              |               |               |             |
| Pastoral Counseling                                |             |              |               |               |             |
| Personality Disorders                              |             |              |               |               |             |
| Phobias  |             |              |               |               |             |
| Police/Fire Fighter Issues                         |             |              |               |               |             |
| Postpartum Issues                                  |             |              |               |               |             |
| Prenatal Issues                                    |             |              |               |               |             |
| Psychological Testing                              |             |              |               |               |             |
| Schizophrenia and other Psychotic Disorders        |             |              |               |               |             |
| Sexual Dysfunction                                 |             |              |               |               |             |
| Sexual Offender Treatment                          |             |              |               |               |             |
| Somatoform Disorders                               |             |              |               |               |             |
| Suboxone Treatment                                 |             |              |               |               |             |
| Transgender Issues                                 |             |              |               |               |             |
| Women's Issues                                     |             |              |               |               |             |
| Public Transportation Access                       | ○ Yes       | ○ No         |               |               |             |
| TDD Capacity                                       | ○ Yes       | ○ No         |               |               |             |
| Wheelchair Accessibility                           | ○ Yes       | ○ No         |               |               |             |
| Accepting New Patients                             | ○ Yes       | ○ No         |               |               |             |

| Completed by: | <br>Date | : |
|---------------|----------|---|
|               |          |   |