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www.camaraderiefoundation.org

Service Provider Information

Date: Lic #: Name: Lic Exp Dt: Affiliated Practice: Practice Address: City: State: Zip: Mailing Address: Fax: Work Phone: Fax: Email: Office Email: Number of years providing counseling services: Number of years counseling military service members: Are you a Veteran? If so, of which War and Branch? Hours available for service:
Practice Address:
Mailing Address:
Work Phone: Fax: Email: Office Email: Number of years providing counseling services: Number of years counseling military service members: Are you a Veteran? If so, of which War and Branch?
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Are you a Veteran? If so, of which War and Branch?
Hours available for service:
Area of specialty services:
☐ Alcohol/Drug Abuse ☐ Addictions ☐ Abuse ☐ Anxiety ☐ Marital/Relationship
☐ Children (under 6) ☐ Adolescents (7-12) ☐ Teenagers (13-17) ☐ Young Adults 18-24
☐ Adults 25-65 ☐ Life Transition ☐ Domestic Violence ☐ Grief Recovery ☐ Depression
☐ Post-Traumatic Stress ☐ TBI ☐ Anger Management ☐ Suicide ☐ Stress
☐ Accelerated Resolution Therapy (ART) ☐ CBT ☐ EMDR ☐ RTM ☐ Family ☐ Trauma
☐ Spiritual Wellbeing (describe):
Additional Treatment Orientation:
□ Other: