

Mental Health Therapist Survey

Name:

Discipline:

Agency or Name of Practice:

Website, if applicable:

Address:

Preferred Phone:

E-Mail:

Degrees and Date Received:

Current Licenses and Certifications:

Professional Memberships:

Types of Therapy provided (Individual, Couple, Family, Group, other):

Populations preferred (Adults, Children, Elderly, other):

Experience with victims of Identity Theft (include seminars and readings as well as # of clients):

Experience with psychological trauma and victims of crime:

Describe Fee Arrangement:

Insurance:

Sliding Scale:

Other:

Would you be willing to take a 4-hour on-line course on Identity Theft (or attend if offered locally)?