



THE AMERICAN MENTAL HEALTH ALLIANCE - USA  
 P.O. Box 4075  
 PORTLAND, OR 97208-4075  
 TELEPHONE: (503) 222-0332  
**FAX: 503-288-4401**  
**www.AmericanMentalHealth.com**

**Short Form Professional Information Questionnaire – New or Renewing Member**

*Please complete and return to AMHA-USA. Please use black ink and write or type clearly.*

Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
Street, Number, City, State, Zip

Practice address #1: \_\_\_\_\_  
Street, Number, City, State, Zip

Practice Phone #1 \_\_\_\_\_

Practice address #2: \_\_\_\_\_  
Street, Number, City, State, Zip

Practice Phone #2 \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**e-mail address required, for news, AMHA administration, community building, referrals and marketing.**

Check here if you want to conceal your e-mail address from the public: \_\_\_\_\_

Discipline: \_\_\_\_\_ Degree: \_\_\_\_\_

License Type: \_\_\_\_\_ License # \_\_\_\_\_ Date License renews: \_\_\_\_\_

Malpractice Insurance Company Name: \_\_\_\_\_

Malpractice Insurance Policy limit at or above 1million per incident/3 million aggregate (Required): Yes \_\_\_ No \_\_\_

Home phone numbers will not be published. **Home phone:** \_\_\_\_\_

I certify that:

- ▶ I will provide accurate information about my professional experience and skills in my **www.AmericanMentalHealth.com** web listing and notices,
- ▶ There is no impairment of my capacity to practice my profession,
- ▶ My license to practice is valid and no legal or disciplinary actions have been taken against me.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

**Please mail with proof of license and Insurance or FAX to 503-288-4401—See p. 3 to charge Membership Fees.**

Return with your check or charge for \$150 annual dues to begin or renew AMHA-USA membership.

Enclose an additional \$60 to point your own domain name at your AMHA web page.

**Be sure to complete domain name information on page 3**

Complete information on page 2 if you do not already have an AMHA-USA web page.

Year first licensed: \_\_\_\_\_ Number of years experience prior to license \_\_\_\_\_ Prescriber-DEA License# \_\_\_\_\_

## 2. Graduate Education:

Institutions & Locations

Dates

Discipline/Degree

**1. Populations Served:** *X all that apply*  Child 0-4  Child 5-11  Adolescent 12-19  Adults  Geriatric  Gay  Lesbian  Couple  Family  Group  Hearing Impaired  Spanish Speaking  other language(s) \_\_\_\_\_

**2. Modalities:** *X all areas of training and experience that apply*  **Psychopharmacology**  Consultation to Business  Consultation to Agencies  Family Mediation  Play Therapy  Sand Tray  TA  EMDR  REM  Psychoanalysis  Hypnosis  TFT  Music Therapy  Personality Assessment  Psychological Testing  Neuropsychological Assessment  Divorce mediation  Biofeedback  Movement therapy  Art Therapy  Imagery  Body-work  Crisis Services  Short-term  Long Term Supportive  Intensive Chemical Dependency Services  pre-tx/ post-tx Chemical Dependency Services  Home or hospital visits  Inpatient Psychiatric Services  Outdoor Therapy  Sports/ Motivation Therapy  School Based Services  Hakomi  Psychodrama  Other \_\_\_\_\_

**3. Clinical / Treatment Orientations:** *X all that apply*  Psychodynamic  Psychoanalytic  Psychodynamic-Interpersonal  Jungian  Cognitive  Behavioral  Gestalt  Existential  Humanistic  Constructivist/Schema-focused  Narrative  Christian  Family of Origin  Systems  Ecological  Strengths/Wellness Orientation  Ericksonian  Object Relations  Developmental  Other **specify** \_\_\_\_\_

**4. Areas of Clinical Experience & Focus:** *X all categories of intervention with which you have experience and training*  
***Underline to indicate categories you prefer to treat and/or have the most experience treating.***

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Adjustment Disorders                  | <input type="checkbox"/> Divorce adjustment                 | <input type="checkbox"/> Sexual abuse perpetrators          |
| <input type="checkbox"/> Acting-out Adolescents                | <input type="checkbox"/> Divorcing parents' concerns        | <input type="checkbox"/> Sexual abuse victims/ child        |
| <input type="checkbox"/> Adoption issues                       | <input type="checkbox"/> Dissociative Identity Disorders    | <input type="checkbox"/> Sexual abuse victims/adult         |
| <input type="checkbox"/> AIDS/HIV counseling                   | <input type="checkbox"/> Domestic Violence                  | <input type="checkbox"/> Sexual compulsion                  |
| <input type="checkbox"/> Affective/mood disorders              | <input type="checkbox"/> Dream work/Dream Analysis          | <input type="checkbox"/> Sexual dysfunctions                |
| <input type="checkbox"/> Aging                                 | <input type="checkbox"/> Drug-related issues                | <input type="checkbox"/> Sight disorders/blindness          |
| <input type="checkbox"/> Alcohol/Drug dependence/recovery      | <input type="checkbox"/> Dual diagnosis                     | <input type="checkbox"/> Somatoform disorders               |
| <input type="checkbox"/> Alcohol-related family/ couple issues | <input type="checkbox"/> EAP services                       | <input type="checkbox"/> Spiritual issues                   |
| <input type="checkbox"/> Anger management                      | <input type="checkbox"/> Eating disorders                   | <input type="checkbox"/> Step-parenting issues              |
| <input type="checkbox"/> Antisocial personality disorder       | <input type="checkbox"/> Fertility issues                   | <input type="checkbox"/> Stress reduction/Stress management |
| <input type="checkbox"/> Anxiety Disorders                     | <input type="checkbox"/> Gambling problems                  | <input type="checkbox"/> Vocational/ career concerns        |
| <input type="checkbox"/> Attention Deficit Disorder            | <input type="checkbox"/> Gay couples                        | <input type="checkbox"/> Weight management                  |
| <input type="checkbox"/> Autism                                | <input type="checkbox"/> Gender dysphoria / Gender Identity | <input type="checkbox"/> Work related conflicts             |
| <input type="checkbox"/> Bereavement/Grief                     | <input type="checkbox"/> Habit change                       | <input type="checkbox"/> Other Specify                      |
| <input type="checkbox"/> Breast Cancer Counseling              | <input type="checkbox"/> Incest                             | _____   |
| <input type="checkbox"/> Cancer Counseling                     | <input type="checkbox"/> Infertility issues                 | _____   |
| <input type="checkbox"/> Children's Adjustment to Divorce      | <input type="checkbox"/> Inter-cultural couples             | _____   |
| <input type="checkbox"/> Chronic Mental Illness                | <input type="checkbox"/> Inter-racial couples               | _____   |
| <input type="checkbox"/> CMI relapse prevention                | <input type="checkbox"/> Learning problems                  | _____   |
| <input type="checkbox"/> Chronic Medical Problems              | <input type="checkbox"/> Lesbian couples                    | _____   |
| <input type="checkbox"/> Chronic Pain                          | <input type="checkbox"/> Management consulting              | _____   |
| <input type="checkbox"/> Coaching                              | <input type="checkbox"/> Post Traumatic Stress Disorder     | _____   |
| <input type="checkbox"/> Communication Problems                | <input type="checkbox"/> Post-psychiatric hospitalization   | _____   |
| <input type="checkbox"/> Conduct Disorders                     | <input type="checkbox"/> Pregnancy/post-partum              | _____   |
| <input type="checkbox"/> Creativity Issues                     | <input type="checkbox"/> Pre-marital counseling             | _____   |
| <input type="checkbox"/> Cross Cultural issues                 | <input type="checkbox"/> Psycho-sexual disorders            | _____   |
| <input type="checkbox"/> Death and Dying                       |   |   |
| <input type="checkbox"/> Depression                            |   |   |
| <input type="checkbox"/> Developmental Disability              |   |   |

(Note that the AMHA website sorts client preferences by these and more categories – and that you have the freedom to change and add practice preferences at any time.)

**WE CONTINUE TO IMPROVE THE UTILITY AND EFFECTIVENESS OF MARKETING RESOURCES FOR ALL AMHA-USA MEMBERS**

Your answers to the following questions help AMHA-USA support the visibility of your practice on [www.AmericanMentalHealth.com](http://www.AmericanMentalHealth.com) and increase the effectiveness of your practice promotion on the website:

**YES**

I am comfortable working with and changing the information on the AMHA web page. \_\_\_\_\_

I am willing to read the material about using and improving my enhanced web page at <http://membership.americanmentalhealth.com/enhancedpages-lessons.page> \_\_\_\_\_

I want feedback about the web-page I create/have now on [www.AmericanMentalHealth.com](http://www.AmericanMentalHealth.com) \_\_\_\_\_

I am interested to have specific questions answered about how to make best use of my web page. *This service is free to AMHA-USA members. Send questions with this form or by e-mail to [amhainfo@nwlink.com](mailto:amhainfo@nwlink.com)* \_\_\_\_\_

I want to list my groups, workshops, supervision and coaching availability on my state site at [www.AmericanMentalHealth.com](http://www.AmericanMentalHealth.com), please advise me. \_\_\_\_\_

I want to have my own domain name, but I don't know how to get one, please advise me. \_\_\_\_\_

I am willing to pay a person contracted by AMHA-USA for clerical and editorial assistance to create my web page and train me to make future changes. *The rate for web clerical services is \$25 per hour, with a minimum fee of \$50 to each member who requests clerical support.* \_\_\_\_\_

I am interested in having a personal professional web site. A site that I or my clerical staff can manage. My site would have its own domain name and my site would be cross-linked to my personal web page at [www.AmericanMentalHealth.com](http://www.AmericanMentalHealth.com) *The cost of an AMHA-USA self-managed site is \$480 per year, including ISP fees. AMHA sites are easy to administer and can be customized for a low initial set up fee ... about \$200* \_\_\_\_\_

\_\_\_\_\_ **Charge \$150 for my annual dues.**

\_\_\_\_\_ **Charge an additional \$60 to point my domain name at my AMHA-web page.**

My domain name to be pointed is: \_\_\_\_\_ It is not currently pointed at another site or page. *(Domain names can only point to one place on the Internet, but you can own multiple domain names – in order to point your domain to an AMHA page it must first be “served” by the AMHA server. See below.)*

**I have changed the domain servers for this domain to: ns.network.13.net & Bonzi.network13.net** \_\_\_\_\_

Card Holder Name \_\_\_\_\_

Card Holder Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Charge \$ \_\_\_\_\_ to my credit card: Visa \_\_\_ MasterCard \_\_\_

Credit Card# \_\_\_\_\_ expiration mo/yr \_\_\_\_\_

**Mail to: AMERICAN MENTAL HEALTH ALLIANCE-USA • P.O. BOX 4075 • PORTLAND, OR 97208-4075 Or Fax to: 503-288-4401**