



SIMS

SIMS Foundation P.O. Box 2152 Austin, TX 78768-2152
Confidential Clinical Numbers Phone 512-494-1007
Fax 512-542-9965
www.simsfoundation.org

PROVIDER NETWORK APPLICATION
(Please Print)

Provider name:	Date:
Clinical licensure and number:	
Group practice name (if applicable):	
How did you hear about SIMS?	
Have you ever been a SIMS provider? YES NO If YES, please indicate the time period you were a SIMS provider and why you left the network.	
How long have you been providing mental health counseling as a licensed practitioner?	
List all professional licenses or certifications that you have held within the last 10 years:	
1. Have you ever been found guilty of unprofessional or unethical conduct in a civil or administrative law or proceeding? YES NO 2. Are charges pending against you for any of the above? YES NO 3. Have you had a professional license or certification denied, probated, suspended, or revoked? YES NO 4. Have you ever surrendered any license or certification? YES NO	
<i>If you answered YES to any of the preceding questions, you must attach an explanatory statement.</i>	
Office address where clients will be seen:	

Nearest cross streets of office location:	
If office is accessible by bus?	YES NO
Is your office at ground level?	YES NO Is office handicap accessible? YES NO
Is parking within easy walking distance of your office?	YES NO
Please list numbers we may give to clients seeking services through Sims.	
Office:	Cell:
Pager:	Other:
Please list days and times you are available for client appointments:	
What provisions do you have for established clients who experience a crisis?	
Would you be able to see a new SIMS client within the same day if it were a crisis situation? <i>(This is not required!)</i>	
If you are able to provide services in a language other than English, please list:	
List any populations with whom you work particularly well:	
If you have experience working with musicians and/or other creative artists and/or their families, please describe:	
If you have experience working with particular faiths, religions, spiritual belief, philosophies, please describe (For example: Islam, Judaism, Christian, etc.):	

Describe how you would handle conflict with a client:
Describe your particular strengths in working with clients:
Describe any areas that you consider as challenges when working with clients:
Is there other clinical information that you think would be important for us to know in order to better serve SIMS clients and you?
Phone number where SIMS clinical staff could contact you:
Fax number (preferred but not required) where SIMS clinical staff could send confidential client-specific information:
Email address (required) where SIMS could send information that was not client-specific:
Mailing address where we can send reimbursement checks and other correspondence:
Contact person for questions regarding claims:
Phone number and best time of day to contact that person:
Social Security or federal tax identification number: Person or entity to whom the identification number belongs:

Please complete the Competency Inventory on the next page.

COMPETENCY CHECK LIST

Check	Area of Expertise	Check	Area of Expertise
	ADHD/ADD		Gay/Lesbian/Bisexual/Transgender
	Adjustment issues		Geriatrics
	Addiction/s		Grief/Loss
	Adolescents		HIV/AIDS
	Adoption		Men's issues
	Anger		Motivation
	Anxiety		Obsessive Compulsive Disorder
	Autism		Pain management
	Bipolar Disorder		Parenting issues
	Career		Personality Disorders
	Childhood sexual abuse		Post Traumatic Stress Disorder
	Children		Psychosis
	Chronic pain		Relationship issues
	Creativity		Sexual issues
	Depression		Sleep issues
	Developmental / Physical challenges		Spirituality
	Divorce		Stress
	Domestic violence		Trauma / Abuse / Violence
	Eating issues		Women's Issues
	Family issues		
	Family of origin Issues		
Any other areas of competency?			

MODALITY CHECK LIST

	Psychodynamic		Crisis Intervention
	Cognitive - Behavioral		Brief
	Person Centered		EMDR
	Relational		Hypnosis
	Couple		Other:
	Family		Other:
	Group		Other:

Please share any comments or concerns: