



**SIMS**

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

**PSYCHIATRIC PROVIDER NETWORK APPLICATION  
(Please Print)**

Name	Date
Texas State Board of Medical Examiners License/Permit Number	
Group Practice Name (if applicable):	
How did you hear about SIMS?	
Have you ever been a SIMS provider?	<b>YES NO</b>
If YES, please indicate the time period you were a SIMS provider and why you left the network.	
How long have you been providing psychiatric services as a licensed professional?	
List all professional licenses or certifications that you have held within the last 10 years.	
Office address where clients will be seen:	
Nearest cross streets of office location:	
If office is accessible by bus?	<b>YES NO</b>
Is your office at ground level?	<b>YES NO</b> Is office handicap accessible? <b>YES NO</b>
Is parking within easy walking distance of your office?	<b>YES NO</b>
List <b>numbers we may give to SIMS clients:</b>	
Office:	Cell:
Pager:	Other:

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? <b>(This is not required!)</b>
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 beliefs, philosophies, please describe (for example: Islam, Judaism, Christian, etc.):
Describe how you would handle a 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 where SIMS clinical staff could send <b>confidential client-specific:</b> information
Email address where SIMS could send information that was <b>not client-specific:</b>
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:
<ol style="list-style-type: none"> <li>1. Have you ever been found guilty of unprofessional or unethical conduct in a civil or administrative law or proceeding?      <b>YES</b>      <b>NO</b></li> <li>2. Have you settled such charges prior to a formal finding?      <b>YES</b>      <b>NO</b></li> <li>3. Are charges pending against you for any of the above?      <b>YES</b>      <b>NO</b></li> <li>4. Have you had a professional license or certification denied, probated, suspended, or revoked?      <b>YES</b>      <b>NO</b></li> <li>5. Have you ever surrendered any license or certification?      <b>YES</b>      <b>NO</b></li> </ol> <p>If you answered <b>YES</b> to any of the preceding questions, you must attach an explanatory statement.</p>

*Please return this form to SIMS at P.O. Box 2152., Austin, TX 78768-2152  
Include your vitae or resume' if you have not already done so.*

*Thank you for your interest in SIMS!*