



NIHB Private Mental Health Counselling Provider Registration Application

Applicant Information

Provider Name: _____

Business Name: _____

Professional Designation: _____

Professional Registration #: _____

Provider Contact Information:

Phone Number: _____

Email Address: _____

Mailing Address: _____

Practice Experience

Please list your clinical experience for the past five years, to include any private work, experience working with Indigenous populations and working for organizations in a clinical capacity (please include the name of organization/practice and year of employment):



Identified Areas of Expertise and Practice

Please list your areas of expertise, to include special populations and age groups that you are able to provide services to:

Service Delivery Platforms

In-person Video/Telehealth Telephone

References

Please attach a reference letter from an individual who (a) is providing clinical supervision to you now or has in the past; or (b) has worked with you for more than three years in a clinical capacity and; (c) who is also a registered professional.

Have you attached a letter of reference? Yes No

If no, why not?

Are you willing to be added Nunatsiavut Government's list of private practitioners made public to Beneficiaries?

Yes No

Signature: _____

Date: _____