

NON-INSURED HEALTH BENEFITS

PRIVATE MENTAL HEALTH COUNSELLING PROVIDER REGISTRATION

Section 1: Applicant Information

| | | | |
|----------------------------------|--|-------------------------------------|---------------------|
| Provider Name: | | Business Name: | |
| Professional Designation: | | Professional Registration #: | |
| Phone Number: | | Email Address: | |
| Mailing Address: | | | Postal Code: |
| Town: | | Province: | |

Section 2: Practice Experience

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

Section 3: Identified Areas of Expertise and Practice

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

Section 3 (continued): Identified Areas of Expertise and Practice

Please describe your knowledge of Inuit history and intergenerational trauma, and connect how your services can be helpful to Nunatsiavut Beneficiaries:

Section 4: Service Delivery Platforms

In-Person:

Video/Telehealth:

Telephone:

Section 5: Reference

Please attach a reference letter from an individual who (a) is providing clinical supervision to your 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. If you are unable to provide a reference letter, please explain why

Have you attached a letter of reference? YES NO If you haven't, why not?

Section 6: Permission

Are you willing to be added to Nunatsiavut Government's list of private practitioners made public to Beneficiaries of the Labrador Inuit Land Claims Agreement? YES NO

Signature:

Date:

NG NIHB MH Office Use Only

Date Application was Received (yyyy-mm-dd):

Received By: