NUNATSIAVUT
kavamanga Government

HEALTH AND SOCIAL DEVELOPMENT

PROTECTED HIGH
CONTAINS PERSONAL OR SENSITIVE INFORMATION

NON-INSURED HEALTH BENEFITS

PRIVATE MENTAL HEALTH COUNSELLING PROVIDER REGISTRATION

Section 1: Applicant Information

Provider Name:	**Self-identify as an Indigenous Person:** ☐ Yes ☐ No	
Business Name:		
Professional Designation:	**Professional Registration #:**	
Phone Number:	**Email Address:**	
Mailing Address:		
Town:	**Province:**	**Postal Code:**

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 Populations and Specialties

Which of these areas do you have expericence with *(Please check all that apply to you)*:

Populations:

- ☐ Children
- ☐ Youth
- ☐ Adults
- ☐ Seniors
- ☐ Families
- ☐ Couples
- ☐ Groups

Languages:

- ☐ English
- ☐ French
- ☐ Indigenous language, specify:

Speciality Areas:

- ☐ Abuse: Sexual, physical, emotional
- ☐ Crisis intervention
- ☐ Grief & loss
- ☐ Traumatic grief
- ☐ Addiction
- ☐ Anxiety/panic attacks
- ☐ Trauma
- ☐ PTSD/Complex trauma
- ☐ Self-harm/self-injury
- ☐ Violence: Witnessing
- ☐ Depression
- ☐ Residential Schools
- ☐ Stress
- ☐ Self-esteem
- ☐ Childhood abuse/trauma
- ☐ Missing and Murdered Indigenous Women and Girls
- ☐ Sexual Orientation and Gender Identity
- ☐ EMDR

Please describe your knowledge of Inuit history and intergenerational trauma, and 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: Additional Information

Please provide any additional information you would like to include:

Section 7: 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:**

PRIVATE MENTAL HEALTH COUNSELLING PROVIDER REGISTRATION CAN BE SENT TO THE FOLLOWING CONTACT BELOW:	**FOR MORE INFORMATION, PLEASE DIRECT QUESTIONS TO:**
Email: mentalhealthNIHB@nunatsiavut.com **Fax:** (709) 896-9751 *(attention to Mental Health NIHB)* **Mail:** Nunatsiavut Government, Mental Health NIHB 218 Kelland Drive P.O Box 496 Station C, A0P 1C0 Happy Valley-Goose Bay, NL	**Email:** mentalhealthNIHB@nunatsiavut.com **Regional Office:** (709) 896-9750 **Toll Free:** 1 (866) 606-9750 **Fax:** (709) 896-9751 *(attention to mental health NIHB)*
Private mental health counselling providers applying to the NG NIHB Program will be assessed, and the provider will be advised by the outcome.	

NG NIHB MH Office Use Only

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