

INDEPENDENT CONTRACTOR PROFESSIONAL PROFILE APPLICATION

General:

LASTNAME FIRSTNAME MAIDEN Business NAME:			EIN/SS NUMBER - -			
HIGHEST EDUCATION:			Please check when available to work:			
REFERRED BY:			Day	1st	2nd	3rd
PAY RANGE / SALARY:			Sun			
DATE AVAILABLE TO START:			Mon			
			Tues			
			Wed			
			Thurs			
			Fri			
			Sat			

(please circle all that are appropriate): Will Relocate Will Travel Have a Car

Main:

ADDRESS:	OFFICE# () -
	OTHER# () -
	CELL # () -
E-MAIL:	BEEP # () -

EDUCATION List all educational degrees & training you have received (List high school if no college).

<u>Degree</u>	<u>Major</u>	<u>School Name & Address</u>	<u>Graduated</u>	<u>Yr</u>
1 _____	_____	_____	Y \ N	___
2 _____	_____	_____	Y \ N	___
3 _____	_____	_____	Y \ N	___

CERTIFICATIONS \ LICENSES

Certification / License Type:		State
Criminal / Child Abuse Check		State
Child Abuse Check: Yes / No		
Criminal Check: Yes / No		
DMV Check: Yes / No		
Liability Insurance:		State
Type:	Limit:	
Type:	Limit:	

PROFESSIONAL HISTORY

List below your work history, starting with most recent employer first:

Start Date Mnth /Yr	End Date Mnth /Yr	Name and Address of Employer	Start Salary	End Salary	Position	Reason for Leaving

CONTRACTING HISTORY

List below your contracting or temporary agency history, starting with the most recent client/agency first:

Date Month and Year	Name and Address of Agency/Client	Location of Work	Rate	Type of Work

PROFESSIONAL REFERENCES (Requires at least 3)

When Delta-T Group is attempting to refer you to a facility it is common for the facility to inquire about your previous work experience. Please help us develop your profile by supplying by supplying references from the facilities you listed above and/or on your resume. Thank You.

Facility Name	Supervisor/Contact & Title*	Phone Number

SKILLS: Please indicate your experience level for each skill area, where 1=MINIMAL EXPERIENCE, 2=MODERATE EXPERIENCE, 3=STRONG EXPERIENCE. Do not put anything in areas you have NO experience.

GENERAL SKILLS:		SUICIDE CRISIS COUNSELING	MOVEMENT THERAPY:
ASSESSMENTS		TEACHING	MUSIC THERAPY
BEHAVIOR MANAGEMENT		THERAPEUTIC STAFF SUPPORT	CREATIVE ARTS THERAPY
BEHAVIORAL THERAPY		TREATMENT PLANNING	MUSIC THERAPY GUITAR
CARE MANAGEMENT		TRIAGE	MUSIC THERAPY VIOLIN
CASE MANAGEMENT		UTILIZATION REVIEW CLIN SETTING	DANCE THERAPY
CASE NOTES		UTILIZATION REVIEW MAN CARE SETTING	ART THERAPY
CHARTING		VOCATIONAL COUNSELING	
CLINICAL CONSULTATION		WHEELCHAIR TRAINED	
CLINICAL SOCIAL WORK			
COGNITIVE THERAPY		SUBSTANCE ABUSE:	AGE GROUP EXPERIENCE:
COMPUTER LITERATE		12 STEP TREATMENT	GERIATRIC
CONSULTING		ADDICTIONS COUNSELING	ELDERLY
COUPLES		ADDICTIONS THERAPY	ADULT
COURT ADJUDICATED		ALCOHOL COUSELING	ADOLESCENT
CREATIVE ARTS THERAPY		DISEASE MODEL TREATMENT	PEDIATRIC
CRISIS INTERVENTION		DRUG & ALCOHOL COUNSELING	MIXED
DATA ENTRY		DRUG AND ALCOHOL SERVICES	COUPLES
DETOX/METHADONE CLINIC		DRUG COUNSELING	
DIAGNOSTIC ASSESSMENTS		MICA	LANGUAGES:
DISCHARGE PLANNING		SUBSTANCE ABUSE COUNSELING	SPANISH
DOCUMENTATION		SUBSTANCE ABUSE THERAPY	FRENCH
DRUG & ALCOHOL COUNSELING			GERMAN
EAP			ITALIAN
EARLY INTERVENTION		WRAP PROGRAMS:	AMERICAN SIGN LANGUAGE
FAMILY THERAPY		PSYCHIATRY	
GROUP THERAPY		PSYCHIATRIC MEDICAL DOCTOR	FACILITY TYPE / SETTING EXPERIENCE:
HOME VISITS		PSYCHIATRIC EVALUATIONS	HOSPITAL
HUMAN SERVICES		MEDICATION MANAGEMENT	INPATIENT
INSPECTION PREPARATION		GERIATRIC PSYCHIATRY	OUTPATIENT
MANAGED CARE		ADULT PSYCHIATRY	COMMUNITY CENTER
MANAGEMENT		CHILD PSYCHIATRY	NURSING HOME
MARRIAGE THERAPIST		ADOLESCENT PSYCHIATRY	PARTIAL HOSPITAL
MDS PAPERWORK		NEUROPSYCHIATRY	RESIDENTIAL HOME
MEDICATION MANAGEMENT		PSYCHIATRY RESIDENCY	HOSPITAL REHAB
MENTAL HEALTH ADMINISTRATION		PSYCHIATRIC NURSING	DETOXIFICATION /METHADONE CLINIC
MENTAL HEALTH THERAPY		PSYCHOLOGY	SCHOOL
MENTOR		PSYCHOLOGICAL SERVICES	FOSTER CARE / SCOH
MOBILE THERAPY		INDIVIDUAL PSYCHOLOGY	HOSPICE
NURSING		CLINICAL PSYCHOLOGY	HOME CARE
OBRA REGULATIONS		PSYCHOLOGY CLINICAL	FAMILY SERVICES
OCCUPATIONAL THERAPY		PSYCHOTHERAPY	GENDER:
ONE ON ONE THERAPY		PSYCHOLOGICAL TESTING	GENDER MALE
OUTREACH WORKER		PSYCHOTHERAPEUTIC SERVICES	GENDER FEMALE
PHYSICAL RESTRAINT EXP		DRUG AND ALCOHOL SERVICES	
PHYSICAL THERAPY		3RD PARTY PAYMENTS	OTHER (please write in):
PLAY THERAPY			
PRIVATE PRACTICE THERAPY		SOCIAL SERVICES:	
PSYCH AIDE		AGING SERVICES	
PSYCH TECH		CASE REPORTING	
PSYCHOLOGY		COMMUNITY RESOURCE PLANNING	
PSYCHOSOCIAL ASSESSMENTS		INDIVIDUAL CARE PLAN	
QA CLINICAL SETTING		INTERVENTION	
QA MANAGED CARE SETTING		LONG RANGE PLANNING	
REGULATION KNOWLEDGE		MEDICAL SOCIAL SERVICES	
RESIDENTIAL AIDE		MEDICAL SOCIAL WORK	
SPECIAL EDUCATION		REFERRAL SERVICES	
SPEECH THERAPY		SOCIAL SERVICES	
		SOCIAL WORK CLINICAL	
		SOCIAL WORK DISCHARE PLANNING	
		SOCIAL WORK HOME VISITS	
		SOCIAL WORK CASE MANAGEMENT	

SKILLS, continued: Please indicate your experience level for each skill area, where 1=MINIMAL EXPERIENCE, 2=MODERATE EXPERIENCE, 3=STRONG EXPERIENCE. Do not put anything in areas you have NO experience.

POPULATION EXPERIENCE:		PHARMACY JOB DETAIL:
	PSYCHIATRIC POP.	PHARMACY SERVICES
	MENTAL RETARDATION POP.	PHARMACY INDUSTRY
	DRUGS & ALCOHOL POP.	PHARMACY HOSPITAL
	MENTAL HEALTH POP.	PHARMACY INFUSION
	AT RISK POP.	PHARMACY HOME CARE
	MICA POP.	PHARMACY RETAIL
	MEDICAL POP.	PHARMACY LONG TERM CARE
	SCOH POP	PHARMACY CONSULTING
	FOSTER CARE POP.	FILLING PRESCRIPTIONS
	PHYSICALLY DISABLED POP.	DISPENSING MEDICATIONS
	COURT ADJUDICATED POP.	ORDER ENTRY
	AUTISM POP.	NURSING HOME CHARTS
	SPECIAL EDUCATION POP	I.V.
	HIV POP.	T.P.N.
	ONCOLOGY POP.	CHEMOTHERAPY
		PEDIATRICS
RECREATIONAL THERAPY		NICU
	ACTIVITIES THERAPY	PUMPS
	EDUCATION	COMPOUNDING
	PHYSICAL DISABILITY	
	PHYSICAL EDUCATION	
	RECREATION AIDE (NONDEGREED)	
	RECREATION SPECIALIST	
	RECREATIONAL ACTIVITIES THERAPY	

PROFESSIONAL INFORMATION SURVEY

This information will better help us understand and service the professionals that contract through Delta-T Group.

HOW TO COMPLETE: If for example last year you spent 80% of your time seeing patients in your own private practice and you worked 20% of your time through a referral agency or temporary service to supplement your income you would put 80% in the private practice category and 20% in the Agencies/Brokers category.	"HOW YOU SPEND YOUR WORK TIME"		
	Current Year*	Previous Year	
	% of Work Time Spent:		
	Private Practice		
	Full-Time Employment		
	Part-Time Employment		
	Independent Contractor		
	Agencies/ Brokers		
	Total Work Time	100%	100%

For current year please estimate your anticipated sources of income.

What type of professional listings do you maintain (yellow pages, professional associations, professional directories) *Can you provide a copy of this or instruct us where we can get it (if yes please do).* Yes / No

Describe your sole practice or other independent business activities such as consulting, private practice, training, et cetera. Also describe other groups/organizations that you have contracts with to provide services to (no names are necessary). *Can you provide a business card, letterhead or other material showing your business activity(if yes please do).* Yes / No

What type of courses, professional education or continuing education have you taken and paid for in the past twelve months. Also include any other types of investments you have made in your professional career or in you business:

Do you have a business address or what number do you take business calls from, please explain:

Have any professional liability claims been made against you in the past five years?(YES / NO) If yes, explain: _____

Have you ever been convicted of a crime (YES / NO) **[IMPORTANT: MASSACHUSETTS RESIDENTS DO NOT ANSWER THIS QUESTION]**
 If yes, explain: _____

I consent to the release, to any representative of Delta-T Group (DTG) of all information that may be relevant to an evaluation of my professional qualifications, including competence, ethics and other qualifications. I release DTG and their employees and agents from any liability for their acts performed in good faith and without malice in obtaining information and evaluating my application. I understand and agree that my relationship with DTG is as a self-employed independent contractor and that my completion of this application is in no way a guarantee that I will be offered any amount or specific type of client opportunities.

Signature: _____ DATE _____