

### Behavioral Health Areas of Expertise

| PROVIDER INFORMATION     |  |     |  |     |
|--------------------------|--|-----|--|-----|
| Provider Group           |  |     |  |     |
| Individual Name          |  |     |  |     |
| Primary Practice Address |  |     |  |     |
| Provider Type            |  | TIN |  | NPI |

Check all applicable age groups that you service.

| POPULATION(S)                                |   |   |  |  |
|--|---|---|--|--|
| <input type="checkbox"/> 0 – 5 years (Child) | <input type="checkbox"/> 6 – 12 years (Child) | <input type="checkbox"/> 13 – 17 years (Adolescent) | <input type="checkbox"/> 18 – 64 years (Adult) | <input type="checkbox"/> 65+ years (Geriatric) |

Check your primary areas of expertise (**maximum of 5 only**) from the list below that fall within the scope of your practice.

| Physicians (MD or DO)                         |                                  |
|---|----------------------------------|
| <input type="checkbox"/>                      | Child/Adolescent Psychiatry      |
| <input type="checkbox"/>                      | Electroconvulsive therapy        |
| <input type="checkbox"/>                      | Forensic psychiatry              |
| <input type="checkbox"/>                      | Geriatric psychiatry             |
| <input type="checkbox"/>                      | Neuropsychiatry                  |
| Physicians (MD or DO) and Nurse Practitioners |                                  |
| <input type="checkbox"/>                      | Addiction medicine               |
| <input type="checkbox"/>                      | Medication management            |
| <input type="checkbox"/>                      | Methadone/Suboxone maintenance   |
| <input type="checkbox"/>                      | Psychopharmacology               |
| Physicians (MD or DO) and Psychologists       |                                  |
| <input type="checkbox"/>                      | Neuropsychological testing       |
| <input type="checkbox"/>                      | Psychological testing            |
| Additional                                    |                                  |
| <input type="checkbox"/>                      | Abuse, Assault and Trauma (PTSD) |
| <input type="checkbox"/>                      | Adoption Issues                  |
| <input type="checkbox"/>                      | Anger Management                 |
| <input type="checkbox"/>                      | Anxiety and Panic Disorders      |
| <input type="checkbox"/>                      | Applied Behavior Analysis (ABA)  |
| <input type="checkbox"/>                      | Attention Deficit Disorders      |
| <input type="checkbox"/>                      | Autism Spectrum Disorders        |
| <input type="checkbox"/>                      | Bariatric Assessment             |
| <input type="checkbox"/>                      | Behavior Modification            |

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | Bipolar Disorders/Manic Depressive Illness         |
| <input type="checkbox"/> | Brief Solution Focused                             |
| <input type="checkbox"/> | Chemical Dependency/Chemical Dependency Assessment |
| <input type="checkbox"/> | Cognitive Behavior Therapy                         |
| <input type="checkbox"/> | Compulsive Gambling                                |
| <input type="checkbox"/> | Couples/Marriage Therapy                           |
| <input type="checkbox"/> | Critical Incident Stress Debrief (CISD)            |
| <input type="checkbox"/> | Cultural/Ethnic Issues                             |
| <input type="checkbox"/> | Depression   |
| <input type="checkbox"/> | Developmental Disorders                            |
| <input type="checkbox"/> | Dialectical Behavior Therapy                       |
| <input type="checkbox"/> | Disaster Mental Health                             |
| <input type="checkbox"/> | Divorce/Blended Family Issues                      |
| <input type="checkbox"/> | Domestic Violence                                  |
| <input type="checkbox"/> | Eating Disorders                                   |
| <input type="checkbox"/> | Electroconvulsive Therapy                          |
| <input type="checkbox"/> | Eye Movement Desensitization & Reprocessing (EMDR) |
| <input type="checkbox"/> | End of Life Issues                                 |
| <input type="checkbox"/> | Family Therapy                                     |
| <input type="checkbox"/> | Forensic   |
| <input type="checkbox"/> | Gay/Lesbian/Bisexual Issues                        |
| <input type="checkbox"/> | Grief/Bereavement                                  |
| <input type="checkbox"/> | Group Therapy                                      |

|                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Hearing Impaired                            |
| <input type="checkbox"/> | HIV/AIDS/ARC Related Issues                 |
| <input type="checkbox"/> | Infertility                                 |
| <input type="checkbox"/> | Medical Illness/Disease Management          |
| <input type="checkbox"/> | Men's Issues                                |
| <input type="checkbox"/> | Multi-Systemic Therapy (MST)                |
| <input type="checkbox"/> | Obsessive Compulsive Disorder               |
| <input type="checkbox"/> | Organic Disorders                           |
| <input type="checkbox"/> | Pain Management                             |
| <input type="checkbox"/> | Pastoral Counseling                         |
| <input type="checkbox"/> | Personality Disorders                       |
| <input type="checkbox"/> | Phobias                                     |
| <input type="checkbox"/> | Play Therapy (Certificate Needed)           |
| <input type="checkbox"/> | Police/Fire Fighter Issues                  |
| <input type="checkbox"/> | Postpartum Issues                           |
| <input type="checkbox"/> | Prenatal Issues                             |
| <input type="checkbox"/> | Refugee Programs                            |
| <input type="checkbox"/> | Schizophrenia and other Psychotic Disorders |
| <input type="checkbox"/> | Sexual Dysfunction                          |
| <input type="checkbox"/> | Sexual Identity/Transgender Issues          |
| <input type="checkbox"/> | Sexual Offender Treatment                   |
| <input type="checkbox"/> | Somatoform Disorders                        |
| <input type="checkbox"/> | Women's Issues                              |