

Transformations
Provider information for web site
10/17/2007

Providers -

- 1) The information you supply here will be made available on the Transformations web site, primarily for use by outside service coordinators making a referral, but also available to anyone visiting the web site. The exception is your confidential email address, which will not be visible to anyone – it's where the referral information will be sent, and from which you can continue a confidential email correspondence with the service coordinator.
- 2) Please return this information to Teri as soon as you conveniently can.
- 3) Note that replies might be edited slightly for brevity or consistency.

Name: _____
as you want it to appear on the web site

Degree(s) & school(s): _____

Certification: _____

Services: ☐ Home-based Therapy
(check all that apply) ☐ Therapeutic Child Support
☐ Service Coordinator

Languages: _____

Area(s) served: _____
(which parts of Jefferson or other counties, which towns)

Specialties: _____

Other: _____

Photograph ☐ I'll provide a print or a digital image by November 1
☐ Take my photograph at the office

Confidential email: _____

(Please provide an address to which *confidential* client information can be sent, to which no one but you has access.)