

# Transformations, L.L.C.

Phone and Fax 502-899-5411

## Provider Information Form

The information shall be provided on a strictly voluntary basis and will not affect the hiring decision. Transformations collects this information on all new hires for purposes of contracting with providers, tax reports, contracting with insurance companies, and claims billing.

First Name Amanda Middle Harris Last Alexander

Preferred Name Amanda

Birthdate (Month/Day/Year) 11-1-80 Social Security # 404-19-9066

Gender female

Home Address 9733 Hunting Ground Ct

City Louisville State KY Zip 40228

Name of Company (if applicable) \_\_\_\_\_

Company Address \_\_\_\_\_

Company EIN# \_\_\_\_\_

### Contact Information:

Work Phone \_\_\_\_\_ Cell Phone 502-345-9852

Home Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email aalexander@transformationsllc.net

Drivers License # H97-910-842 State KY Expiration Date 12-2-20

College UOFL

Degree BS Major/Specialty criminal justice

Start Date \_\_\_\_\_ Graduation Date 12/05

License Type and Number N/A Expiration Date \_\_\_\_\_

### Licensing Supervisor of Record (for Associates/CSW applicants)

Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Are you applying for the position of:

☐ Behavioral Health Professional ☐ Behavioral Health Professional under Clinical Supervision  
☐ Targeted Case Management

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## Emergency Contact Information:

Name Shaun Alexander Relationship husband

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone 807-7489

Email Shaun.alexander33@yahoo.com

Address 9733 Hunting Ground Ct

City Louisville State Ky Zip 40228