

Outpatient Mental Health Therapist – Application

Thank you for your interest in joining our outpatient mental health practice. Please complete the application below and submit it along with your resume and any additional requested materials. All information will be kept confidential.

Applicant Information

Full Name:

Preferred Name (if applicable):

Email Address:

Phone Number:

Mailing Address:

Position of Interest

- Full-Time Therapist
- Part-Time Therapist

Preferred Location (if applicable):

Anticipated Start Date:

Licensure & Credentials

Primary License Type:

- LCSW
- LCSW-A
- LCMHC
- LCMHC-A
- LMFT
- LPA
- Licensed Psychologist

State(s) of Licensure:

License Number(s):

License Status:

- Full / Independent Licensure
- Associate Licensure

If Associate Licensed (LCSW-A or LCMHC-A), please indicate number of supervised hours completed toward full licensure:

Years of Clinical Experience:

Insurance Credentialing

Are you currently credentialed with insurance panels?

- Yes
- No

If yes, please list panels you are credentialed with:

If no, are you willing to participate in the credentialing process with administrative support?

- Yes
 - No
-
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Clinical Experience & Interests

Populations you have experience working with (check all that apply):

- Children
- Adolescents
- Adults
- Families
- Couples
- Trauma
- Anxiety / Depression
- LGBTQ+
- Eating Disorders
- Autism Spectrum Disorder
- Substance Use Disorders
- Other (please specify):

Primary therapeutic approaches/modalities you use:
(e.g., CBT, DBT, CPT, EMDR, MI, etc.)

Briefly describe your clinical strengths and areas of interest:

Availability & Scheduling

Days available to see clients:

Monday Tuesday Wednesday Thursday Friday Saturday

Preferred session times:

Morning Afternoon Evening

Estimated number of client hours per week you are seeking:

Practice Fit & Professional Values

What interests you about working in an established outpatient group practice?

How do you approach collaboration, consultation, and professional growth?

How do you support client engagement and continuity of care (e.g., managing no-shows, therapeutic fit, transitions)?

Employment Eligibility

Are you legally authorized to work in the United States?

- Yes
 No

Attachments

Please attach the following: - Current Resume or CV
- Copy of Professional License

Applicant Acknowledgment

By submitting this application, I certify that the information provided is true and accurate to the best of my knowledge. I understand that submission of this application does not guarantee employment.

Applicant Signature:

Date:

Submission Instructions:

Please submit your completed application and attachments via email to: **[Insert Practice Email Address]**

We appreciate your interest and look forward to reviewing your application.