**Optum TERM Network**

**TERM Psychotherapy Provider:**

**Specialty Addition Application**

**Paneled TERM Provider(s) ONLY requesting to add a Specialty (i.e. Modality, Age Range, Area of Competence and General Clinical Expertise and/or Safety Threats and Risk Factors)**

Prepared By:

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TERM THERAPIST SPECIALITY ADDITION APPLICATION

San Diego County Mental Health Plan for TERM Network

Dear TERM Therapist:

This application is intended for providers who are currently contracted and paneled on the Optum Public Sector Treatment Evaluation and Resource Management (TERM) Network as a Therapist.

**Optum TERM Network**

# Optum TERM is a mental health program developed under the direction of the Board of Supervisors and managed by Optum Public Sector San Diego through a contract with the County of San Diego Health & Human Services Agency (HHSA) Behavioral Health Services. The Optum TERM mission is to improve the quality and appropriateness of mental health services provided to the clients of HHSA CWS and Juvenile Probation. In addition to contracting and credentialing providers Optum is responsible for monitoring the work of the TERM network providers through a quality review process. You can obtain additional information about Optum TERM at the website: <https://www.optumsandiego.com> or you can contact Optum TERM staff directly at 1-877-824-8376 (Option 4).

**Application Process** (*An Application Does Not Guarantee the Addition of New Specialties)*

Enclosed is the application for providers who are requesting the addition of a Specialty that includes a modality, age range, area of competence and general clinical expertise and/or safety threats and risk factors to his/her provider profile for services that may be rendered to San Diego County Child Welfare (CWS) TERM clients. An application checklist is included to assist you in collecting all the required documentation. Please ensure your curriculum vita is current and includes the clinical experience and training necessary to support the specialties requested on your application. To begin the application process, please submit the completed application and supporting documentation to:

Optum Public Sector

Attention: Provider Services

P.O. Box 601370

San Diego, CA 92160-1370

Fax: 877-309-4862

Email: sdu\_providerserviceshelp@optum.com

If you have any questions, please contact **Provider Services at 1-877-824-8376, Option 3.** We appreciate the opportunity to work with you in serving the clients of the County of San Diego.

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Please print or type your answers to all questions. If further space is needed for you to provide complete answers, please attach additional sheets of paper and indicate on the sheet the applicable question number.

A practitioner must be contracted and paneled on the Optum Public Sector Treatment Evaluation and Resource Management (TERM) Network.

Please use this checklist to confirm that you have included all of the following information in your application packet.

|  |
| --- |
| **Application Checklist – Speciality Addtion for TERM Panel** |
|[ ]  **Curriculum Vitae (CV) -** It is very important that your CV be detailed including descriptions of populations, specialties, and disorders treated, as well as the theoretical orientation of the work. This detail is required to approve you to treat various age groups or specialties. Include the dates and locations of education and post-graduate training. |
|[ ]  **CEUs** – Copies of required CEUs that support the specialty criteria must be included with the application.  |
|[ ]  **Certification –** Certificate must be submitted when required by the specialty criteria as stated in this application. |
|[ ]  **Attestation – Application Process Reviewed and Understood:** on page 4 must be signed and dated. |
|[ ]  **TERM Clinician Specialty Requirements (TERM Therapist Applicants):** on page 9 (*if applicable*) and 13 must be signed and dated. |
|[ ]  **Pages 5 - 11: Only Complete the Pages that Contain the Specialty Information You Are Requesting to Add** |

**IMPORTANT: Review of the CV is completed by TERM clinicians based on the following:**

**Glossary of Application Terminology and Requirements**

**Training:** For the purpose of completing the TERM Panel Application, the word “training” refers to any Continuing Education Units (CEUs) that you acquire in effort to stay current with the specialty you are requesting approval for. Training can also include formal, didactic learning that is obtained by attending courses that are specific to the specialty.

**Supervision/Consultation:** For the purpose of completing the TERM Panel Application, “Supervision and/or Consultation” refer to obtaining clinical supervision and/or in consultation with peers who have experience with the specialty you are attesting to.

**Experience:** Refers to any direct practice, therapeutic treatment, and/or psychological evaluations of children and/or adults in the areas of competence and/or diagnoses you are attesting to, as the *primary* focus of treatment and/or evaluation.

**Clarification:** Clarification of your experience, training and/or supervision/consultation may be requested during the application process. If “clarification” is requested under any area of competence and/or diagnoses, TERM is requesting specific, detailed information of your experience, training and/or supervision/consultation.

**Curriculum Vitae (CV):** A record of your academic and professional achievements. A CV is a thorough account of your professional training and experience. Please include a CV with your TERM Panel Application and ensure it includes detailed information of your training, supervision/consultation, and experience treating and/or performing psychological evaluations in each of the areas of competence and diagnoses you are attesting to.

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TERM THERAPIST SPECIALITY ADDITION APPLICATION

San Diego County Mental Health Plan for TERM Network

**Last Name**: Click here to enter text. **First Name**: Click here to enter text. **MI**:

**License Type:** [ ]  MD/DO [ ]  Psychologist ([ ]  PhD [ ]  PsyD) [ ]  LCSW [ ]  LMFT [ ]  LPCC

**Email Address:** Click or tap here to enter text. **Phone Number:** Click or tap here to enter text.

**License Number**: Click here to enter text.

**Optum Application Process for the County of San Diego TERM Network (Therapist)**

**Curriculum Vitae (CV):** Must be current and include the clinical experience and training necessary to support the specialties requested on this application. Include descriptions of populations, specialties, and disorders treated, and the theoretical orientation of the work. This detail is required to approve you to treat various age groups or specialties. Include the dates and locations of education and post-graduate training.

* **Important: The CV submitted with the application** will be reviewed for the education, clinical experience and training to support the specialties requested on this application.
	+ If the CV does not support the education, clinical experience and training for the specialties requested on this application you will receive notification that your application has been removed from further consideration.

**Application:**

* TERM Clinician Specially Requirements (Therapist): on page 9 (*if applicable*) and 11must be signed and dated.
* Optum will require documentation to verify you meet the criteria outlined under TERM Clinician Specialty Requirements pertaining to the specialty or specialties designated.
* CEU Certificates – Copies of the required CEDs must be submitted with this application
* Review and complete the application in it’s entirely. Only select the age ranges and specialties in which you have the experience and training AND are requesting to add to your practice.
* CV must be included with the application at the time of submittal.
* Signatures required on pages: 4, 9 (*if applicable)* and 11

We will notify you of the outcome within ten (10) business days of the decision.

I have read and understand the Optum Application Process for the County of San Diego TERM Network.

Printed name of Applicant: Click here to enter text.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click here to enter a date.

Signature (Required)

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TERM THERAPIST SPECIALITY ADDITION APPLICATION

San Diego County Mental Health Plan for TERM Network

The **TERM** Network is a specialized panel focusing on evaluation and treatment of children and families referred through the dependency and delinquency systems. Due to the forensic and high risk nature of the referrals, specialized treatment and evaluation experience is required. While completing this application please **ONLY** check those specialties to which you meet the criteria ***AND*** are requesting to add in your practice.

**Curriculum Vitae:** It is very important that your Curriculum Vitae be detailed including; descriptions of populations served, clinical specialties, diagnoses treated, and the theoretical orientation of the work. This detail is required to approve you to treat various age groups or specialties. Include the dates and locations of education and post-graduate training and employment. Please note that you may be asked to testify in Court to support the treatment you have provided. At that time, your Curriculum Vitae will be used by the Court to determine your expertise to treat and/or evaluate clients in the Juvenile Court System.

**Individual and Group Treatment Specialty Criteria:**

Please check the boxes for the age ranges and specialties you are requesting be added to you privileges. The appropriate Age Range Criteria is a prerequisite for all other specialties requested.

**Specific Criteria for Age Ranges:**

|  |  |
| --- | --- |
| **Infant –Toddler: 0 months – 3 years**  [ ]  Yes [ ]  No | **TERM Use Only:*** Meets Specialty Criteria
* DOES NOT Meet Specialty Criteria
 |
| * Licensed Psychologist, LMFT, LCSW or LPCC
* Completion of didactic training and supervised clinical experience treating infants and toddlers (**Documentation to be reflected on Curriculum Vitae/Resume**)
* Experience to include EITHER:
* A minimum of two (2) years treating infants and toddlers within the last five (5) years (**Documentation to be reflected on Curriculum Vitae/Resume**)

OR* Post-licensure certification as an infant-family and early childhood mental health specialist prenatal to 3 years endorsement or prenatal to 5 years endorsement (**Copy of Certificate Required**)
 |

|  |  |
| --- | --- |
| **Preschool: 3 - 5 years** [ ]  Yes [ ]  No | **TERM Use Only:*** Meets Specialty Criteria
* DOES NOT Meet Specialty Criteria
 |
| * Licensed Psychologist, LMFT, LCSW or LPCC
* Completion of didactic training and supervised clinical experience treating children between the ages of 3-5 years (**Documentation to be reflected on Curriculum Vitae/Resume**)
* Experience to include EITHER:

Post-licensure certification as an Infant-Family and Early Childhood Mental Health Specialist prenatal as 3 - 5 years endorsement or prenatal to 5 years endorsement (**Copy of Certificate Required**)OR* A minimum of two (2) years treating children between the ages of 3 - 5 years within the last five (5) years (**Documentation to be reflected on Curriculum Vitae/Resume**)
 |

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TERM THERAPIST SPECIALITY ADDITION APPLICATION

San Diego County Mental Health Plan for TERM Network

|  |  |
| --- | --- |
| **Children: 6 - 12 years** [ ]  **Yes** [ ]  **No** | **TERM Use Only:*** Meets Specialty Criteria
* DOES NOT Meet Specialty Criteria
 |
| * Licensed Psychologist, LMFT, LCSW or LPCC
* Completion of didactic training and supervised clinical experience treating children between the ages 6-12 years (**Documentation to be reflected on Curriculum Vitae/Resume**)
* A minimum of two (2) years within the last five (5) years of practice treating children ages 6-12 (**Documentation to be reflected on Curriculum Vitae/Resume**)
 |

|  |  |
| --- | --- |
| **Adolescents: 13 - 17 years** [ ]  Yes [ ]  No | **TERM Use Only:*** Meets Specialty Criteria
* DOES NOT Meet Specialty Criteria
 |
| * Licensed Psychologist, LMFT, LCSW or LPCC
* Completion of didactic training and supervised clinical experience treating children between the ages 13-17 years (**Documentation to be reflected on Curriculum Vitae/Resume**)
* A minimum of two (2) years within the last five (5) years of practice treating children ages 13 and older (**Documentation to be reflected on Curriculum Vitae/Resume**)
 |

|  |  |
| --- | --- |
| **Older Adults: 60 years and older** [ ]  Yes [ ]  No | **TERM Use Only:*** Meets Specialty Criteria
* DOES NOT Meet Specialty Criteria
 |
| * Licensed Psychologist, LMFT, LCSW or LPCC
* Completion of didactic training and supervised clinical experience treating older adults (**Documentation to be reflected on Curriculum Vitae/Resume**)
* A minimum of two (2) years within the last five (5) years of practice treating older adults (**Documentation to be reflected on Curriculum Vitae/Resume**)
 |

**Specific Criteria for Clinical Specialties:** (Prerequisite: *Must meet age range specialty criteria*)

|  |  |
| --- | --- |
| **Adults with Serious Mental Illness (SMI): CWS - Involved Parents** [ ]  Yes [ ]  No | **TERM Use Only:*** Meets Specialty Criteria
* DOES NOT Meet Specialty Criteria
 |
| * Licensed Psychologist, LMFT, LCSW or LPCC
* Completion of didactic training and supervised clinical experience treating adults with serious mental illness (**Documentation to be reflected on Curriculum Vitae/Resume**)
* A minimum of two (2) years within the last five (5) years of practice treating adults with serious mental illness (**Documentation to be reflected on Curriculum Vitae/Resume**)
 |
| **Below mark age groups you are willing to treat in your practice:**[ ]  18-22 years old [ ]  23 – 59 years old [ ]  60+ years old |

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TERM THERAPIST SPECIALITY ADDITION APPLICATION

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|  |  |
| --- | --- |
| **Child Physical Abuse:** **Individual Treatment** [ ]  Yes [ ]  No | **TERM Use Only:*** Meets Specialty Criteria
* DOES NOT Meet Specialty Criteria
 |
| * Licensed Psychologist, LMFT, LCSW or LPCC
* Minimum of two (2) years practice experience working in Child Physical Abuse Treatment in the last five (5) years (**Documentation to be reflected on Curriculum Vitae/Resume**)
* Documentation of completion of forty (40) hours of initial training that include topics related to child abuse and neglect, parenting, maladaptive client response styles such as denial and cognitive distortions, substance abuse, domestic violence, anger management, law and ethics, psychopathology including personality disorders, differential diagnosis, and risk assessments related to suicidality, homicidality, and training in actuarial risk assessment tools, if validated for intended purpose. This requirement may be satisfied by graduate level training or BBS/BOP approved continuing education units (CEUs). (**Copy of CEU Certificate Required**)
* (Must submit at recredentialing) All treatment providers must complete seven (7) hours of continuing education yearly, with subject matter related to child maltreatment and its prevention or amelioration. Continuing education must be BBS/BOP approved.
 |
| **Below mark age groups you are willing to treat in your practice:**[ ]  18-22 years old [ ]  23 – 59 years old [ ]  60+ years old  |

|  |  |
| --- | --- |
| **Child Physical Abuse:** **Group Treatment** [ ]  Yes [ ]  No | **TERM Use Only:*** Meets Specialty Criteria
* DOES NOT Meet Specialty Criteria
 |
| * Approved by the County of San Diego Adult Probation Department as a Child Abuse Group Treatment Provider
 |
| **Below mark age groups you are willing to treat in your practice:**[ ]  18-22 years old [ ]  23 – 59 years old [ ]  60+ years old |

|  |  |
| --- | --- |
| **Domestic Violence Treatment - Victim:** **Group & Individual Treatment** [ ]  Yes [ ]  No | **TERM Use Only:*** Meets Specialty Criteria
* DOES NOT Meet Specialty Criteria
 |
| * + Licensed Psychologist, LMFT, LCSW or LPCC
	+ Completion of an approved forty (40) hour training program in Domestic Violence that fulfills California State’s requirement for domestic violence victim counselors (**Copy of CEU Certificate Required**)
	+ Minimum of six (6) months supervised training experience working with Domestic Violence Victims and topics relevant to the CWS population (**Documentation to be reflected on Curriculum Vitae/Resume**)
	+ Evidence of a minimum of two (2) years practice experience in Domestic Violence Victim treatment within the last five (5) years**.** (**Documentation to be reflected on Curriculum Vitae/Resume**)
	+ (Must be submitted with this application) Minimum of fifteen (15) hours continuing education in topics relevant to Domestic Violence Victim treatment in the last three (3) years
 |
| **Below mark age groups you are willing to treat in your practice:**[ ]  18-22 years old [ ]  23 – 59 years old [ ]  60+ years old |

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|  |  |
| --- | --- |
| **Domestic Violence Treatment – Offender: Group Treatment** [ ]  Yes [ ]  No | **TERM Use Only:*** Meets Specialty Criteria
* DOES NOT Meet Specialty Criteria
 |
| * Approved by the County of San Diego Adult Probation Department as a Domestic Violence Offender Group Treatment Provider
 |
| **Below mark age groups you are willing to treat in your practice:**[ ]  18-22 years old [ ]  23 – 59 years old [ ]  60+ years old  |

|  |  |
| --- | --- |
| **Domestic Violence Treatment – Offender:****Individual Treatment** [ ]  Yes [ ]  No | **TERM Use Only:*** Meets Specialty Criteria
* DOES NOT Meet Specialty Criteria
 |
| * Licensed Psychologist, LMFT, LCSW or LPCC
* Completion of the forty (40) hour basic domestic violence training from Facilitator Training Committee (FTC) approved provider, pursuant to PC1203.098(a)(1) (**Copy of CEU Certificate Required**)
* Minimum of three (3) years practice experience working in Domestic Violence Offender Treatment in the last five (5) years (**Documentation to be reflected on Curriculum Vitae/Resume**)
* Attendance at the San Diego Domestic Violence Council Treatment and Intervention Committee meetings; minimum attendance is three (3) per calendar year. (**Documentation to be reflected on Curriculum Vitae/Resume**)
* (Must submit at recredentialing) Sixteen (16) hours annually (calendar year) of continuing education in either domestic violence or a related field with a minimum of eight (8) hours in domestic violence
 |
| **Below mark age groups you are willing to treat in your practice:**[ ]  18-22 years old [ ]  23 – 59 years old [ ]  60+ years old |

|  |  |
| --- | --- |
| **Child Sexual Abuse Victim Treatment: CWS - Involved** [ ]  Yes [ ]  No | **TERM Use Only:*** Meets Specialty Criteria
* DOES NOT Meet Specialty Criteria
 |
| * + Licensed Psychologist, LMFT, LCSW or LPCC
	+ Supervised training experience working with Child Sexual Abuse Victims and topics relevant to the CWS population (**Documentation to be reflected on Curriculum Vitae/Resume**)
	+ Training in evidence-supported treatment for sexual victimization (**Documentation to be reflected on Curriculum Vitae/Resume**)
	+ Evidence of a minimum of two (2) years practice experience in Child Sexual Abuse Victim treatment within the last five (5) years (**Documentation to be reflected on Curriculum Vitae/Resume**)
 |
| **Below mark age groups you are willing to treat in your practice:**[ ]  0-3 years old [ ]  3-5 years old [ ]  6-12 years old [ ]  13-17 years old |

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|  |  |
| --- | --- |
| **Youth with Sexual Behavior Problems Treatment: CWS - Involved Youth** [ ]  Yes [ ]  No | **TERM Use Only:*** Meets Specialty Criteria
* DOES NOT Meet Specialty Criteria
 |
| * + Licensed Psychologist, LMFT, LCSW or LPCC
	+ Supervised training experience working with Youth with Sexual Behavior Problems (**Documentation to be reflected on Curriculum Vitae/Resume**)
	+ Training in evidence-supported treatment for sexual behavior problems (**Documentation to be reflected on Curriculum Vitae/Resume**)
	+ Evidence of a minimum of two (2) years practice experience in youth with Youth with Sexual Behavior Problems treatment within the last five (5) years (**Documentation to be reflected on Curriculum Vitae/Resume**)
 |
| **Below mark age groups you are willing to treat in your practice:**[ ]  6-12 years old [ ]  13-17 years old |

|  |  |
| --- | --- |
| **Sexual Offender Treatment:****Group & Individual Treatment** [ ]  Yes [ ]  No | **TERM Use Only:*** Meets Specialty Criteria
* DOES NOT Meet Specialty Criteria
 |
| * Approved by the California State Sex Offender Management Board (CASOMB) <http://www.casomb.org> **AND** continue to meet CASOMB requirements for treating sex offenders at the independent or Associate level
 |
| **Below mark age groups you are willing to treat in your practice:**[ ]  13-17 years old [ ]  18-22 years old [ ]  23 – 59 years old [ ]  60+ years old  |

|  |  |
| --- | --- |
| **Sexual Abuse Non-Protecting Parent Treatment: Group & Individual Treatment** [ ]  **Yes** [ ]  **No** | **TERM Use Only:*** Meets Specialty Criteria
* DOES NOT Meet Specialty Criteria
 |
| **Below mark age groups you are willing to treat in your practice:**[ ]  18-22 years old [ ]  23 – 59 years old [ ]  60+ years old  |
| * + Approved by the California State Sex Offender Management Board (CASOMB) <http://www.casomb.org>

OR* Licensed Psychologist, LMFT, LCSW or LPCC
	+ A Minimum of seven hundred and fifty (750) hours within the preceding two years treating Sexual Abuse Non-Protective Parents; five hundred (500) of those hours were provided face to face or providing supervision, OR two thousand (2000) hours over lifetime (**Documentation to be reflected on Curriculum Vitae/Resume**)
	+ The Independent Practitioner shall attest that he or she has completed a minimum of thirty (30) hours of continuing education and training over the course of the previous two years. At least twenty (20) of those thirty hours must be in the Core Areas described on the Approved Training Topics list
 |
| * I attest that I have completed a minimum of thirty (30) hours of continuing education and training over the course of the previous two years. At least twenty (20) of those thirty (30) hours are in the Core Areas described on the [Approved Training Topics list](http://casomb.org/docs/REVISION%20OF%20PROVIDER%20CERTIFICATION%20REQUIREMENTS%20-%20TOPICS%208-23-13.pdf).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_’Signature |

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San Diego County Mental Health Plan for TERM Network

Please complete the following grids. Only check areas in which you specialize, have experience ***AND*** are currently requesting to **add** in your practice.

**Clinical Experience:** *(Not included under the Specialty Criteria)*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Modality:** | **Infants****0 - 3** | **Preschool****3 - 5** | **Children****6 - 12** | **Adolescents****13 - 17** | **Transitional Youth****18 - 22** | **Adults 23- 59** | **Older Adults****60+** |
| Conjoint | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Family | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Individual |  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Areas of Clinical Expertise:** | **Infants****0 - 3** | **Preschool****3 - 5** | **Children****6 - 12** | **Adolescents****13 - 17** | **Transitional Youth****18 - 22** | **Adults 23- 59** | **Older Adults****60+** |
| Adoption Related Issues |[ ]  [ ]  | [ ]  | [ ]  |  |  |  |
| Attachment Issues | [ ]  | [ ]  | [ ]  | [ ]  |  |  |  |
| Autism Spectrum | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Blind/Vision Impaired | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Chemical Dependency/ Substance Abuse Treatment |  |  |  | [ ]  | [ ]  | [ ]  | [ ]  |
| Commercial Sexual Exploitation of Children (CSEC) | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Deaf Hearing Impaired | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Developmentally Delayed | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Co-Occurring Disorders-Mental Health/Substance Abuse |  |  |  | [ ]  | [ ]  | [ ]  | [ ]  |
| LGBTQIA |  |  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Medically Fragile | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Depressive Disorders |  | [ ]  | [ ]  | [ ]  |[ ] [ ] [ ]
| Parenting Skills |  |  |  | [ ]  | [ ]  | [ ]  | [ ]  |
| Post-Traumatic Stress Disorder (PTSD) | [ ]  | [ ]  | [ ]  | [ ]  |[ ] [ ] [ ]
| Serious Emotional Disturbance (SED) |  |  |[ ] [ ]   |  |  |
| Born Positive Toxicity (Pos Tox) | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

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**Safety Threats and Risk Factors:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Infants****0 - 3** | **Preschool****3 - 5** | **Children****6 - 12** | **Adolescents****13 - 17** | **Transitional Youth****18 - 22** | **Adults 23- 59** | **Older Adults****60+** |
| Domestic Violence – Exposed | [ ]  | [ ]  | [ ]  | [ ]  |  |  |  |
| Emotional Abuse Victim  | [ ]  | [ ]  | [ ]  | [ ]  |  |  |  |
| Emotional Abuse – Offender/Non-Protector |  |  |  |  | [ ]  | [ ]  |[ ]
| Neglect – Offender/Non-Protector |  |  |  |  | [ ]  | [ ]  | [ ]  |
| Neglect – Victim | [ ]  | [ ]  | [ ]  | [ ]  |  |  |  |

**Evidence Based Practices:**

|  |  |  |
| --- | --- | --- |
| **\* Proof of CEU’s and/or training certificate may be requested** |  | **Certification** |
| Behavioral |[ ]   |
| \* CBT |[ ]  [ ]  Yes Date: Click here to enter a date. [ ]  No |
| \* Child Parent Psychotherapy (CPP) |[ ]  [ ]  Yes Date: Click here to enter a date. [ ]  No |
| \* DBT (Certification attests the ability to provide individual/group services) | [ ]  Ind[ ]  Grp | [ ]  Yes Date: Click here to enter a date. [ ]  No |
| \* EMDR |[ ]  [ ]  Yes Date: Click here to enter a date. [ ]  No |
| \* PCAT |[ ]  [ ]  Yes Date: Click here to enter a date. [ ]  No |
| \* PCIT |[ ]  [ ]  Yes Date: Click here to enter a date. [ ]  No |
| \* Play Therapy |[ ]  [ ]  Yes Date: Click here to enter a date. [ ]  No |
| \* TF-CBT |[ ]  [ ]  Yes Date: Click here to enter a date. [ ]  No |

**Signature on this page is required of all TERM Network applicants. Failure to sign this form will cause a delay in the processing of your application.**

I hereby attest that all of the information in this application is true and accurate to the best of my knowledge.

I shall maintain proficiency in all specialty areas I selected on my application to the TERM network.

I understand that Optum may require documentation to verify that I meet the criteria outlined under the TERM Clinical Specialty Requirements pertaining to the specialty or specialties I have selected on this application. I agree to cooperate with an Optum TERM Network audit, if requested, to verify that I meet the required criteria.

Printed name of Applicant: Click here to enter text.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click here to enter a date.

Signature