



Please provide the location name(s)/address(es) for each location under the group NPI specified above at which this provider will be working. Up to 5 locations may be displayed in the directory if enrolled with Buckeye. If not enrolled, please complete the "Provider Location Data Form."

|                                     |                                     |
|-------------------------------------|-------------------------------------|
| Location 1 Name: _____              | Location 4 Name: _____              |
| Street Address: _____               | Street Address: _____               |
| City: _____ State: _____ Zip: _____ | City: _____ State: _____ Zip: _____ |
| Phone Number: _____                 | Phone Number: _____                 |
| Location 2 Name: _____              | Location 5 Name: _____              |
| Street Address: _____               | Street Address: _____               |
| City: _____ State: _____ Zip: _____ | City: _____ State: _____ Zip: _____ |
| Phone Number: _____                 | Phone Number: _____                 |
| Location 3 Name: _____              |                                     |
| Street Address: _____               |                                     |
| City: _____ State: _____ Zip: _____ |                                     |
| Phone Number: _____                 |                                     |

### Patient Panel Information

\*Only complete this section if a primary care provider

|   |     |    |   |
|---|-----|----|---|
| Is provider accepting new patients                        | Yes | No | Patient Capacity _____                      |
| Does the provider have any gender limitation on patients? | Yes | No | Gender limits: Male ___ Female ___ Both ___ |
| Does the provider have any age limitations on patients?   | Yes | No | Age limits: 0-18 ___ 18-99 ___ 0-99 ___     |

Is this provider affiliated with a PHO?    Yes    No

Please list any languages, other than English, spoken by this provider \_\_\_\_\_

Has the provider received any cultural competency training in any of the following:

|                  |     |    |                 |     |    |                  |     |    |
|------------------|-----|----|-----------------|-----|----|------------------|-----|----|
| African-American | Yes | No | American Indian | Yes | No | Hispanic/Latino  | Yes | No |
| Alaskan Native   | Yes | No | Asian           | Yes | No | Pacific Islander | Yes | No |
| LGBTQ            | Yes | No |                 |     |    |                  |     |    |

Has the provider completed specialized training in any of the following:

|                             |     |    |                            |     |    |              |    |  |
|-----------------------------|-----|----|----------------------------|-----|----|--------------|----|--|
| Deafness/Hearing Impairment | Yes | No | Chronic Illness            | Yes | No | HIV/AIDS     |    |  |
| Blindness/Vision Impairment | Yes | No | Physical Disabilities      | Yes | No | Yes          | No |  |
| Serious Mental Illness      | Yes | No | Substance Abuse            | Yes | No | Homelessness |    |  |
| Co-occurring Disorders      | Yes | No | Developmental Disabilities | Yes | No | Yes          | No |  |

## Behavioral Health Provider Specialty Profile

\*\*Please complete this section only if you are a behavioural health provider\*\*

Please select the types of services you offer, including the disorders you treat and the modalities you practice. (Check those that apply)

NOTE: Please submit evidence of certificates or transcripts that account for the associated trainings in the treatment modalities and/or disorders selected below.

### Certification

|   |   |
|---|---|
| <ul style="list-style-type: none"> <li>Art Therapy</li> <li>Center of Excellence</li> <li>Emergency Services Provider</li> <li>Lead Behaviour Analysis Therapist</li> </ul> | <ul style="list-style-type: none"> <li>Positive Behaviour Support</li> <li>SBIRT</li> <li>Targeted Case Management (TCM) Certificate</li> <li>Trauma Informed Care</li> </ul> |
|---|---|

| <b>Settings/Populations Treated</b>   |   |
|---|---|
| <p>Adolescents<br/> Adults<br/> Blind/Visually Impaired<br/> Children<br/> Community Based<br/> Deaf/Hearing Impaired<br/> Developmental Disability<br/> Emotionally Disturbed<br/> Gay/Lesbian<br/> Geriatric<br/> Hospital Based<br/> Home Based</p>  | <p>Homelessness<br/> Men<br/> Mobile Crisis<br/> Nursing Home<br/> Physical Disability<br/> Serious Emotional Disturbance<br/> Serious Mental Illness<br/> Severe Persistent Mentally Ill<br/> School Based<br/> Telemedicine<br/> Women<br/> Young Children</p>  |
| <b>Treatment Modalities/Approaches</b>  |   |
| <p>Applied Behavioural Analysis (ABA)<br/> Addictive Disorders<br/> Adolescent Psychotherapy<br/> Adolescent Sex Offender<br/> Adolescent Psychiatry<br/> Adoption Issues<br/> Alcohol/SA Treatment<br/> Anger Management<br/> Art Therapy<br/> Attachment Therapy<br/> Behavioural Therapy<br/> Brief Therapy<br/> Biofeedback<br/> Chemical Dependency Assessment<br/> Child Parent Psychotherapy (CCP)<br/> Child Psychological Testing<br/> Child Psychiatry<br/> Christian Counselling<br/> Client Centred Therapy<br/> Cognitive Rehab Therapy<br/> Cognitive Therapy<br/> Community Support Program<br/> Couples Therapy<br/> Crisis Intervention/Stabilization<br/> Critical Incident Debriefing<br/> Dialectical Behavioural Therapy<br/> Developmental Evaluation<br/> Domestic Violence<br/> ECT<br/> EMDR<br/> Evaluation/Assessment<br/> Family Therapy<br/> Family Systems<br/> Gay/Lesbian/Bisexual<br/> Group Therapy</p> | <p>Geriatric Psychiatry<br/> Gestalt<br/> Hypnosis<br/> Intensive Family Intervention<br/> Individual Therapy<br/> Intensive Outpatient<br/> Intake Assessment<br/> Medication Management<br/> Methadone/Suboxone<br/> Mood Disorders<br/> Neuropsychological Testing<br/> Neuro-Linguistic Programming (NLP)<br/> Outcomes Oriented Therapy<br/> Parent Child Interaction Therapy (PCIT)<br/> Play Therapy<br/> Psychological Testing<br/> Psychoanalytic Therapy<br/> Psychodynamic Therapy<br/> Psychopharmacology<br/> Pain Management<br/> Rationale Emotive Therapy<br/> Relapse Prevention<br/> Relationship Disorders<br/> Sensory Processing/Integration<br/> Sexual Compulsions/Addictions<br/> Sex Therapy<br/> Solution Empowerment Therapy<br/> Stress Management<br/> Tobacco<br/> Tobacco Cessation<br/> Trauma Focused Cognitive Behavioural Therapy<br/> Trauma Informed Care (TIC)<br/> Trust Based Relational Intervention (TBRI)<br/> Weight Management</p> |

| Disorders/Issues               |                                   |
|--------------------------------|-----------------------------------|
| Addictive Medicine             | Impulse disorders                 |
| ADD/ADHD                       | Infertility                       |
| Addictive Disorders            | Inpatient Attending               |
| Adjustment Disorder            | Inpatient Consult MD              |
| Adolescent Behaviour Disorders | Learning Disability               |
| Adoption Issues                | Medical Evaluation                |
| Adult ADD                      | Medical Illness/Chronic Illness   |
| AIDS/HIV                       | Men Issues                        |
| Anger Management               | Mood Disorders                    |
| Anxiety/Panic Disorder         | Marital Issues                    |
| Attachment Disorder            | Mental Retardation                |
| Autism/Asperger's              | Obsessive Compulsive Disorder     |
| Bipolar Disorders              | Oppositional Defiant Disorder     |
| Chemical Dependency            | Organic Mental Disorder           |
| Christian/Spiritual            | Parenting Issues                  |
| Chronic Pain/Pain Management   | Personality Disorders             |
| Crisis Stabilization           | Post-Partum Disorder              |
| Cultural Issues                | PTSD                              |
| Child/Parent Bonding           | Panic Disorder                    |
| Co-occurring Disorders         | Phobias                           |
| Cognitive Disorder             | Physical Abuse                    |
| Concussion                     | Reactive Attachment Disorder      |
| Criminal Offenders             | Relapse Prevention                |
| Dementia Disorders             | Sexual/Physical Abuse (Adults)    |
| Development Disorders          | Sexual/Physical Abuse (Children)  |
| Disruptive Behaviour           | Schizophrenia                     |
| Dissociative Disorder          | Serious/Persistent Mental Illness |
| Separation/Divorce             | Sexual Disorders                  |
| Domestic Violence              | Sexual Dysfunction                |
| Dual Diagnosis                 | Sexual Abuse/Incest               |
| Depression                     | Sleep Disorder                    |
| Disabled                       | Step/Blended Families             |
| Eating Disorders               | Stress Management                 |
| Equine Assisted Therapies      | Self-Injury                       |
| Family Dysfunction             | Sexual Offender                   |
| Feeding Disorders              | Substance Abuse                   |
| Gay/Lesbian/Bisexual           | Suicide                           |
| Gender Identity Issues         | Tobacco Cessation                 |
| Grief/Loss/Bereavement         | Women Issues                      |
| Head Trauma                    | Work Related Problems             |
| Home Visits                    |                                   |

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