Provider Application

If you are interested in becoming a Provider for McLaughlin Young Group, please email this completed form to [myprovider@mygroup.com](mailto:myprovider@mygroup.com) or fax to 704.529.5917. We will assess the need within your area, and you will be contacted within a few weeks of receipt. *Thank you for your interest.*

Date of application: How did you learn about us?

Name: Check One:  Solo  Group Practice

Business Name: Tax ID (include dashes):

Business Phone: Cell: Fax:

Business Email Address (please print clearly):

Business Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clinical Office Location (provide address for each office location providing clinical services):

Primary:

Secondary: \_\_\_\_\_\_\_\_

Office Hours (Typical Days/Times): \_\_\_\_\_\_\_

Nearest Major City: Is your practice minority owned?  Yes  No

Languages spoken: \_\_Culture/Ethnicity:

Do you incorporate a faith-based perspective as an option in therapy? Yes No

*If yes, specify the religious organization or faith-based group (e.g., Christian, Jewish):* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you offer telemental health therapy (online/virtual sessions)? Yes No

*If yes, specify the HIPAA-compliant platform you use:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you available for Critical Incidents (CISD/CIR) in your area? Yes  No

Are you available to facilitate\* workplace trainings and/or workshops?  Yes No

*\*All PowerPoint presentations/handouts are provided by MYgroup.*

*If yes, please list experience/topics facilitated (or attach resume):*

Has your organization ever been involved with legal actions or suits pertaining to your practice?  Yes  No *If yes, please explain:*

If this application is being completed for a Group Practice, provide a copy of this page for each clinician applying for credentialing with McLaughlin Young.

*\*Qualified providers must be 5-years post-graduate from a Master’s program, fully licensed (not provisional), and must be covered by malpractice insurance with minimums of $1 million individual & $3 million aggregate.*

Name: Years of Post-Grad Experience:

License(s) Held (include state, number, and expiration date): \_\_\_\_\_\_\_\_

Are you a Certified Employee Assistance Professional (CEAP)?  Yes  No

Are you trained in CISD (Critical Incident Stress Debriefing)?  Yes  No

Are you a Clinical Addictions Specialist or Substance Abuse Professional (SAP)?  Yes  No

Are you a Board-Certified TeleMental Health Provider (BC-TMH)?  Yes  No

Other Certifications Held:

**Check any of your following specialties:**

|  |  |  |
| --- | --- | --- |
| Active Duty Military | Family Therapy | Stress |
| Adolescent (ages 12-18) | Fear/Compulsion | Transitional Stress |
| Alcohol/Substance Use | First Responders | Trauma - Accident |
| Anxiety | Financial | Trauma - Death |
| Bipolar Disorder | Grief/Loss | Trauma - Suicide |
| Borderline Personality Disorder | IP Violence | Trauma - Violence |
| Caregiving Concerns | LGBTQ | Unemployment Issues |
| Child (ages 3-12) | Mandated Treatment | Veterans’ Issues |
| Conflict/Anger Management | Marital/Relational | Virtual Therapy (i.e., telehealth) |
| Depression | Maternal Issues | Women’s Issues |
| Divorce/Separation | Personality Disorders | Workplace Concerns |
| Eating Disorders | Physical Health | Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Faith Based Therapy | PTSD | Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Do you participate with any other EAP or Insurance Providers? Check all that apply:**

|  |  |  |
| --- | --- | --- |
| Aetna | Humana | Tricare |
| Blue Cross Blue Shield | Magellan | United Healthcare |
| Ceridian | Medcost | Value Options |
| Cigna | Medicaid | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Coventry | Medicare | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |

**Please answer the following questions in regard to your location(s):**

1. Do you comply with the legal requirements concerning public accessibility, health, and safety?  Yes  No
2. Does the location have handicap and wheelchair accessibility?  Yes  No
3. Is this location convenient for public transportation?  Yes  No
4. Is adequate parking available at the location?  Yes  No
5. Is each location equipped with security devices?  Yes  No
6. Is there adequate lighting in the parking lot?  Yes  No
7. Is a Fire Emergency Plan posted at your location?  Yes  No
8. Is the office located inside a religious institution?  Yes  No
9. Is the office based in a home?  Yes  No
10. Are directions easily accessible for the location?  Yes  No
11. Do the waiting areas and counseling offices provide confidentiality?  Yes  No
12. Are records locked securely when the office is closed?  Yes  No
13. Is the location child friendly?  Yes  No
14. Explain the safety and security measures of the facility:

If you have any questions, please do not hesitate to call Provider Management at 1-866-850-2175, extension 7945. Thank you in advance for your efforts.

Sincerely,

**McLaughlin Young Group**

*Provider Management*

5925 Carnegie Boulevard, Suite 350

Charlotte, NC 28209

866.850.2175, ext. 7945

FAX: 704.529.5917