Provider Application

If you are interested in becoming a Provider for McLaughlin Young Group, please email this completed form to 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