



The Counseling Team International

41750 Rancho Las Palmas Dr. Ste #O-2
Rancho Mirage, CA 92270
Ph: (800)651-1021 Fax: (760) 636-0437
Email:



DEA EAP Clinician Questionnaire

First Name _____ Middle Initial _____ Last Name _____

Type of License _____ State(s) Licensed in: _____

Email address _____ Office/Primary Telephone: _____

Do you provide: In office sessions Virtual Sessions:

Office Hours (M-F): _____ Office Hours (Sat.): _____

Office Address: _____

Service Cities (within 20 min commute): _____

Other languages besides English _____

Insurance Accepted: _____

In your practice to whom of the following do you provide treatment?

Adults; Children; Adolescents; Families; Couples; Elderly;

Check the following areas in which you have a special competency and interest:

Addiction	Habit Control	Assertiveness	Parenting Issues	Divorce	Sleep Disorder
Alcohol	Learning Disorder	Adolescents 11-17	Rape Counseling	Depression	Domestic Violence
Drugs	LGBT	Children 6-10	Relocation Counseling	Elderly	Stress Management
Gambling	Marital Issues	Children 2-5		Family Counseling	Suicide
Sex	Men's Issues	Children 2-5	Self-Harming	Grief Counseling	Women's Issues
Anxiety	Psychological Trauma	Crisis Intervention	Sex Therapy	Faith Based:	

Additional Credentials and/or Specialties: _____

Prior Military or Law Enforcement Experience: _____

What are the kinds of cases that you **DO NOT** wish to see? (e.g. psychotics, substance abuse, seniors, children, etc)

Current and past experience providing clinical services to law enforcement personnel and their families:

Do you provide Critical Incident Stress Debriefings: Yes No

Are you available for emergency assessment and crisis counseling and how can you be contacted for this?

***Please return with copy of your resume**

Signed: _____

Date: _____