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MHA Directory of Mental Health Professionals Membership Benefits & Application/Attestation Form

- General Membership Benefits: *Why join or renew your membership with MHA?*
 - Increase the visibility of your practice on the MHA website and other modes of communication, depending on your level of participation – all membership levels (**except Supporter Level**) include a one-year listing on the MHA website which averages over 2,000 hits per month. The ***“Find a Practitioner” page is the most frequently visited page on the MHA website, (www.mhacentralcarolinas.org) after the home page.***
 - Belong to an inclusive and well respected network of advocates and mental health professionals.
 - Network with other mental health professionals in the region.
 - Hear about educational opportunities to earn Continuing Education Credits (CEUs).
 - Access to high quality mental health information resources.
 - Receive the latest information in the field of mental health through “e-News”, Newsletters, Advocacy Alerts, etc.), as well as reports from Mental Health America, our national affiliate.
 - Provide a tax-deductible contribution to the only nonprofit in the region focused on mental health advocacy, education and prevention (cost of membership will be discounted; final tax-deductible contribution dependent on membership level).
 - **Support the only local, nonprofit mental health advocacy agency with an 80-year history of promoting mental wellness through advocacy, education and prevention initiatives in Mecklenburg & Cabarrus Counties.**

- **Supporter Level (\$50-99) – Students of Mental Health or Professionals interested in networking and info sharing without the need to promote a practice (note the higher level of giving, the more of a tax-deductible contribution)**
 - *All benefits described above in General Membership Benefits, excluding listing on the MHA website but including:*
 - One-time listing in the *MHA Annual Report*
 - Opportunities to volunteer with the MHA (e.g., Board of Directors, provide educational talks to target consumer audiences, submit articles for eNews and print newsletters, and serve as media liaison, as needed, etc.)
 - Network with other provider professionals through the *MHA Annual Mental Health Professional Networking Event* (one ticket)

- **Subscriber Level (\$100-\$149) – Individual Mental Health Professionals** (note the higher level of giving, the more of a tax-deductible contribution)
 - All benefits described above in General Membership Benefits, including:
 - One-time listing in the MHA Annual Report
 - Opportunities to volunteer with the MHA (e.g., Board of Directors, provide educational talks to target consumer audiences, submit articles for eNews and print newsletters, and serve as media liaison, as needed, etc.)
 - Network with other provider professionals through the MHA Annual Mental Health Professional Networking Event (one ticket)

- **Networker Level (\$150 base level and up) – Individual Mental Health Professionals**
 - All the benefits described in Subscriber level and benefits listed here
 - **One annual listing (includes one picture, which is optional) in the on-line and printed publication of “The Networker – Psychotherapy Groups”** (directory of psychotherapy groups, print publication formerly maintained by Dr. Nona Patterson. Print publication mailed by September to 900+ local doctors, attorneys and other professionals for referral. Subsequent listings and pictures may be included for an additional cost of \$50 per listing and/or picture)
 - Network with other provider professionals through the MHA Annual Mental Health Professional Networking Event (two tickets)

- **Group Level (\$250 base level and up) - Group Providers, Hospitals, and/or LMEs**
 - All the benefits described in Subscriber level and benefits listed here
 - **“Featured Mental Health Professional” recognition which will include an embedded hotlink to provider website, located on MHA website home page**
 - Note: Individual mental health professionals within the Group Provider may opt to have a separate individual membership at the *Subscriber* or *Networker* levels for a 50% discount
 - For satellite offices, please add an additional \$50 per office site
 - Network with other provider professionals through the MHA Annual Mental Health Professional Networking Event (three tickets)

Membership Criteria: (Members must maintain the minimum of the following to be added/maintained on the website or in “The Networker – Psychotherapy Groups” publication.)

- Professional and current licensure/certification (does not apply to Supporter level)
- Professional Liability Insurance with a minimum coverage of \$1,000,000/\$3,000,000 or \$2,000,000/\$2,000,000 (does not apply to Supporter level)
- Completed membership application & attestation form
- Membership paid in full

To correspond with the MHA’s fiscal year, the membership runs from July 1-June 30. Membership rates are pro-rated each quarter as follows:

Join-End Dates	Supporter	Subscriber	Networker	Group
July-June	\$50	\$100	\$150	\$250
Oct.-June	\$37	\$75	\$113	\$188
Jan.-June	\$25	\$50	\$75	\$125
Apr.-June	\$13	\$25	\$38	\$63



MHA Directory of Mental Health Professionals – Application & Attestation Form

Please select one of the following:

Renewal – Individual/Group: *If renewing and directory info has not changed, you only need to complete this page and provide: 1) updated copy of licensure, 2) insurance liability and 3) attestation form & 4) payment.*

New Member – Individual/Group

Individual Mental Health Professional of Group (50% discount on Subscriber or Networker) _____ (list Group Member here)

I am interested in joining the MHA Directory of Mental Health Professionals at the following level:

Supporter Level (\$50) *for students or those who don't have need to promote a practice*

Subscriber Level (\$100) *for professionals wishing to be included in our on-line directory*

Networker Level (\$150) *for professionals wishing to be included in our on-line directory & psychotherapy groups publication. Please add \$50 per listing (if more than one listing or picture in "The Networker – Psychotherapy Groups"; check appropriate lines below; add to total)*

Group Level (\$250) *Please add \$50 per satellite office; see below*

Referred By _____ (refer 3 new members & your next annual fee is FREE!)

Additional Benefits (only available at Networker and Group Levels):

2nd Picture in "The Networker – Psychotherapy Groups" – add \$50 to membership

3rd Picture in "The Networker – Psychotherapy Groups" – add \$100 to membership

2nd Listing in "The Networker – Psychotherapy Groups" – add \$50 to membership

3rd Listing in "The Networker – Psychotherapy Groups" – add \$100 to membership

1st Satellite Office – add \$50 to membership

2nd Satellite Office – add \$100 to membership

3rd Satellite Office – add \$150 to membership

I understand that this selected level of membership is effective for one year (July 1-June 30 of the following year) if received by MHA no later than June 30th, and includes the benefits specified in "Membership Benefits", which accompanied this form. If unable to join before June 30, see bottom of page 2 for pro-rated membership rates.

Signature/Credentials

Date

Total Payment = _____ (includes membership fees plus extra costs, such as The Networker listings/pictures; satellite offices; etc; where applicable). Payments may be made on our secure site (www.mhacentralcarolinas.org Click here to Donate Online! and indicate MEMBERSHIP in comments) or mail with this application to 3701 Latrobe Drive, Ste 140, Charlotte, NC 28211.

Please indicate preference for payment (cash is not accepted):

I have submitted payment online.

My check is enclosed.

Credit Card: VISA M/C AMEX DSCVR Card Number: _____

Exp. Date: _____ security code: _____ (3 or 4 digit code on back of card)

Please complete the following information for membership: (Please submit before June 30th.)

For Group Members, please attach a separate sheet with listings of satellite locations (each location subject to additional charge, see previous pages).

Name of Member (Individual and/or Group): _____
Contact Person (if Group): _____
Credentials _____ Salutation: Mr. Mrs. Ms. Dr. (Please circle your preference)
Preferred Title (i.e., Psychotherapist, Psychiatrist) _____
Address – Office (Main) _____
Address – Mailing (if different than office): _____
Local Telephone and/or Toll Free Number: _____
Website: _____
Email: _____

Professional License/Certification Number _____
--Attach a copy of current license/certification (not required at Supporter level)
 Professional Liability Insurance with minimum coverage of \$1,000,000/\$3,000,000 or \$2,000,000/\$2,000,000
--Attach a copy of the policy cover sheet (not required at Supporter level)

EDUCATION

Highest Degree Earned _____ Date _____
Institution _____
Discipline _____
Other Graduate Degree _____ Date _____
Institution _____
Discipline _____
Undergraduate Degree _____ Date _____
Institution _____
Discipline _____

PROFESSIONAL

Hospital Privileges (List) _____

YOUR PRACTICE

Consumer/Client Populations (Please check appropriate areas.)

- Child Adolescent Adult Geriatric Family
- I am a School Psychologist/Counselor/Social Worker practicing within school system
- I am a Student I am not currently practicing but wish to maintain a professional network and support the MHA (if you are not in private practice, you may skip the rest of page 5 and page 6 until you reach Opportunities to Volunteer)

Evidence of Cultural Competence (Please provide evidence of cultural and/or linguistic practice within the organization and toward the consumers; check all that apply.)

- Evidence of Cultural & Linguistic Populations Served: Persons with Hearing Impairment
 Persons with Speech Impairment Persons with Visual Impairment Latinos
 Montagnards Hmong Burmese Napelese Africans Iraqis Vietnamese
 Cambodians Laotians Native Americans Bhutanese African-Americans
 Other: _____

Evidence of cultural/linguistic competence within the organization (please specify number of employees and their cultural backgrounds and languages spoken):

Problems/Disorders Treated (Choose only TOP SIX treatment areas.)

- | | | |
|---|--|---|
| 1. <input type="checkbox"/> Acute care for immediate hospitalizations | 13. <input type="checkbox"/> Emotional Trauma | 27. <input type="checkbox"/> Posttraumatic Stress Disorder |
| 2. <input type="checkbox"/> Adjustment Disorders | 14. <input type="checkbox"/> Family Therapy/ Parenting | 28. <input type="checkbox"/> Psychological Assessments |
| 3. <input type="checkbox"/> Anxiety Disorders | 15. <input type="checkbox"/> Forensic Evaluations | 29. <input type="checkbox"/> Schizophrenia/ Psychoses |
| 4. <input type="checkbox"/> Attention Deficit Disorders | 16. <input type="checkbox"/> Gay/Lesbian Issues | 30. <input type="checkbox"/> School Issues |
| 5. <input type="checkbox"/> Autism/Asperger's | 17. <input type="checkbox"/> Grief/Bereavement | 31. <input type="checkbox"/> Self-Injury |
| 6. <input type="checkbox"/> Bipolar Disorders | 18. <input type="checkbox"/> HIV/AIDS | 32. <input type="checkbox"/> Sexual/Physical Abuse |
| 7. <input type="checkbox"/> Co-Dependency | 19. <input type="checkbox"/> Impulse Disorders | 33. <input type="checkbox"/> Sexuality/Sexual Dysfunction |
| 8. <input type="checkbox"/> Communication/ Relationship skills | 20. <input type="checkbox"/> Intellectual/ Developmental Disorders | 34. <input type="checkbox"/> Somatoform Disorder/Chronic Pain |
| 9. <input type="checkbox"/> Crisis Intervention | 21. <input type="checkbox"/> Life balance/ Personal Growth | 35. <input type="checkbox"/> Sports Mindfulness/ Training |
| 10. <input type="checkbox"/> Depressive Disorders | 22. <input type="checkbox"/> Marital Relations/Divorce | 36. <input type="checkbox"/> Substance Abuse |
| 11. <input type="checkbox"/> Dissociative Disorders | 23. <input type="checkbox"/> Neuropsychology | 37. <input type="checkbox"/> Other (Specify): _____ |
| 12. <input type="checkbox"/> Eating Disorders | 24. <input type="checkbox"/> Obsessive- Compulsive Disorder | |
| | 25. <input type="checkbox"/> Obesity/Weight Mgt. | |
| | 26. <input type="checkbox"/> Personality Disorder | |

Fee Structure

- My services can be covered by insurance. Yes No
- I accept direct assignment of insurance benefits. Yes No
- I offer sliding scale fees for services. Yes No
- I participate in managed health care networks. Yes* No

*If yes, please check appropriate boxes on the next page or you may write in Contact Provider for Details to be put in your listing of managed health care networks. (Note: In the other category, there must be at least five other applying professionals in a managed health care program in order for that particular company to be listed.)

1. Aetna U.S. Healthcare
2. American Healthcare Alliance
3. Blue Cross Blue Shield
4. Carolina Behavioral Health Alliance
5. Champus/TRICARE
6. CIGNA
7. CMG Health
8. Contact Provider for Details
9. Family Enterprises
10. First Access
11. First Health
12. Great-West
13. Green Spring Health
14. Guardian Life Insurance Company
15. Humana
16. Integra
17. John Alden Life Insurance Company
18. Magellan Behavioral Health
19. Managed Health Network
20. MedCost Preferred
21. Medicaid
22. Medicare
23. NC HealthChoice
24. Occupational Health
25. Options Mental Health
26. Pacific Life
27. Principal Life Insurance Company
28. Private HealthCare Systems
29. Provident Preferred
30. PruCare/Prudential
31. Unicare
32. United Behavioral Health
33. United HealthCare
34. ValueOptions
35. WellPath
36. Other _____

Networker Level: Listing for “The Networker -Psychotherapy Groups” publication (if applicable; additional fee required for more than one listing at Networker level of membership. For additional listings, please attach a separate sheet with the following information.) Information must be provided by July 31 for September publication mailing. E-mail digital pictures to: mha@mhacentralcarolinas.org.

Title of Psychotherapy Group: _____

Brief Description of Group: _____

Group Time, Location: _____

Target Audience for Group: _____

Cost: _____ Group Leader(s): _____

For multiple group leaders, please attach a separate copy of each mental health professionals' licensure, liability insurance, and attestation form on the next page (exclusions apply only if professionals are MHA Members).

Email/Website for more information: _____

Finally, the MHA invites you to participate in our mission through various volunteer roles.

Please check any below that may interest you. . .

Opportunities to Volunteer or Become More Engaged:

- Volunteer on the MHA Board of Directors or a program committee
- Volunteer for Compeer (a one-on-one friendship match with a same gender adult with SPMI)
- Collaborate on Suicide Prevention Trainings with MHA Certified QPR (Question, Persuade, Refer) Trainers
- Attend educational talks/presentations on a specific disorder Topics of interest: _____
- Lead presentation on a specific topic. List topics: _____
- Serve as MHA Ambassador in video on website feature "Mission in Motion" to provide education to public
- Submit articles and news for MHA eNews and print newsletters
- Serve as media liaison, as needed (addressing the media as part of a community response to timely issues)
- Serve on planning committee for networking events
- Join Committee on Refugee Mental Health; interested in increasing cultural competency
- Would like to learn more about Pro-bono Counseling Program (future opportunity for the MHA)
- Willing to create and manage MHA Linked In group for mental health professional members



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MHA Directory of Mental Health Professionals – Attestation Form

(Each mental health professional listed on the *MHA Online Directory of Mental Health Professionals* and in *The Networker – Psychotherapy Groups*, both online and published versions, must complete this form, and send in with a copy of licensure and proof of liability insurance.)

Applicants agree that they shall advise the Mental Health Association of Central Carolinas, Inc. at 3701 Latrobe Drive, Suite 140; Charlotte, NC 28211 by registered mail within 30 days of the occurrence of any of the following events: (Form must be completed and returned by June 30, the beginning of membership period.)

1. any events in which he/she has been found guilty of unethical or unprofessional conduct by the Ethics Committee of their respective discipline, the state licensing board, or the licensing or certification board or professional association in any jurisdiction;
2. any events in which he/she had professional liability insurance cancelled for ethics violations;
3. any events in which he/she has been found guilty of unethical or unprofessional conduct by any professional organization or any board of registry or certification;
4. any events in which he/she has been found guilty of unethical or unprofessional conduct or incompetency in the provision of services, or in which his/her scope of practice has been limited by any health service provider organization;
5. any legal claims or judgments against him/her (pending or concluded) related to his/her professional practice; or,
6. current investigations being undertaken relative to any of the above events.

This reporting obligation exists regardless of any appeal or other proceedings related to the original event.

Has there been any event which triggers any of the reporting requirements described above? If so, please attach an explanation and describe the current status and findings of any investigation or proceedings.

_____ I have nothing to report.

_____ All reportable matters are described on the attached sheet, and upon request, I agree to provide releases for the Mental Health Association of Central Carolinas, Inc. to secure materials from any parties having knowledge of these matters.

I hereby attest that the preceding statement and any attached information are true, complete, and accurate to the best of my knowledge and belief. Further, I agree to indemnify and hold harmless the Mental Health Association of Central Carolinas, Inc., and each of its officers, members, directors, or employees in connection with the use of any information contained in the online Directory of Mental Health Professionals.

Date: _____

Signature: _____