



FACE

Foundation for Advocacy,
Counseling, and Education

Clinician Application

Thank you for your interest in joining our clinical team. Please fill out the following application form completely and submit it along with your CV and a cover letter to facethenonprofit@gmail.com

Personal Information

- Full Name: _____
- Address: _____
- Email: _____
- Phone Number: _____

Professional Information

- Professional License Type: _____
- State Licensing Board and License Number: _____
- Area of Specialty: _____
- Therapeutic Orientation: _____
- How much experience do you have with CBT? _____
- How much experience do you have with treating SM, OCD, Phobias, and other severe Anxiety Disorders?

- Are you interested in providing education/consultation, therapy, or both?

- Do you have your own office? _____
- Where would you be seeing clients from? _____

Additional Information

- Availability for an Interview: _____
- Expected Compensation (Volunteer or Low-Fee Service Reimbursement):

- References (Please provide at least two):
 1. Name: _____ Contact: _____
 2. Name: _____ Contact: _____

Signature

Signature: _____

Date: _____

Thank you for completing this application. We will review your submission and contact you regarding further steps.

Dr. Clarissa Gosney, PsyD
Clinical Director