THERAPIST INFORMATION FORM

Therapist Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Discipline: PT SPED

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OT SW

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_ ST TSHH

 CFY Nutrition

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Other\_\_\_\_\_\_\_\_\_\_\_

Work Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sup. Cert. (“SAS”) Yes\_\_ No\_

Email Address#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FAX: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NPI# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NYEIS# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Would you like pre-printed Progress Reports Requests to be:\_ e-mailed\_\_faxed\_\_mailed

Bilingual: \_\_ No \_\_ Yes Language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Bil. Extension \_\_No\_\_Yes\_\_Pend (Proof of Proficiency Exam in other language\_\_\_Yes\_\_\_No)

Employed/Contracted by **NYC Board of Education:** \_\_\_Yes \_\_\_\_No

(If “Yes” fill out “**Notification to the NYCDOHMH-DOE Employee Waiver**”)

(If “NO” Indicate Presence of Receipt/Proof of Finger Printing) \_\_Yes\_\_\_No

Times available for service provision:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of cases available to accept:

\_\_\_EI Home-Based \_\_\_EI-Facility-Based \_CPSE Home-Based\_\_\_ CPSE Facility-Based

Zip codes and areas willing to serve:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Interested in Providing:**

**EI** (Birth-3 years)\_\_\_Home-Based Services \_\_\_Facility-Based Serv. \_\_\_Evaluations

**CPSE** (3-5years)\_\_Related/SEIT Home-Based \_\_\_Facility-Based Services\_\_ Evaluations

**For Office Use Only**

\_\_\_\_\_\_W-2\_\_\_\_\_\_1099\_\_\_\_\_\_WC Ins.\_\_\_\_\_\_Corp.

EI Rate: \_\_\_\_\_\_30min\_\_\_\_\_\_60min/ CPSE Rate: \_\_\_\_30min\_\_\_\_60min\_\_\_\_\_Evaluation

Referred By\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_