COUNTY OF SAN LUIS OBISPO HEALTH AGENCY
BEHAVIORAL HEALTH DEPARTMENT

Network Provider Scope of Practice

Provider Name: _____ License Type: _____ License # _____

Group Practice Name (if applicable): _____

Office Address: _____

City: _____ ZIP Code: _____

Telephone: _____ Fax: _____ Email (optional): _____

Website URL (if applicable): _____

Languages spoken: Cultural Competence Training? ☐

Office accessible/ADA compliant? Yes ◉ No ◯ Near public transportation? Yes ◉ No ◯

Specialties

Ages served: _____ Primary Specialties: Check all that apply; add as needed

☐	Adoption Issues	☐	Coping Skills	☐	Partner Violence
☐	Anxiety/Panic Disorders	☐	Depression	☐	Social Skill Training
☐	Attachment	☐	Eating Disorders	☐	Stress Management
☐	Behavior/Conduct	☐	Family Relationships	☐	Substance Use Disorders
☐	Bipolar Disorder	☐	Grief/Loss	☐	Trauma Recovery
☐		☐		☐	

Describe your training in evidenced-based treatment approaches:

☐	Cognitive Behavior Therapy	☐	EMDR	☐	Solution Focused Therapy
☐	Dialectical Behavior Therapy	☐	Theraplay	☐	Art/Play Therapy
☐	Mindfulness	☐	Family Therapy	☐	
☐		☐		☐	

Describe your experience with specific cultural, ethnic, spiritual, gender or other subgroups:

The Health Agency complies with Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex or any other protected class