



# Contract Clinician Application

*For Online Applications: Please attach your resume as part of your application and email to Stephanie Haen by clicking the button below:*

Theories/Approaches you use:

*For Other Applications: Please include a printed copy of this application with your resume and mail to:*

**Stephanie Haen**  
**Director of Behavioral Health**  
**Family Centers**  
**20 Bridge Street**  
**Greenwich, CT 06830.**

Please list your areas of specialization:

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

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

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Professional Credentials:

Degree \_\_\_\_\_ License \_\_\_\_\_

Are you fluent in any languages other than English?

\_\_\_\_\_

Do you have a private practice and if so, where?

\_\_\_\_\_

**Work Schedule Availability:**

*Please note one or more evenings per week are required. General hours are Monday - Thursday, 9 am - 9 pm and Friday, 9 am - 5 pm. Saturday by appointment.*

<u>Days</u>	<u>Hours</u>
Monday	_____
Tuesday	_____
Wednesday	_____
Thursday	_____
Friday	_____
Saturday	_____

Please list interventions you have experience with:

What experience do you have facilitating groups?

**Work Location Availability:**

Stamford                  Greenwich                  Darien

Please list three references with contact information:

- 1.
- 2.
- 3.

Which of the following modalities/populations do you feel competent working with?

Have you ever been convicted of a felony or misdemeanor classified as an offense against a person or family, public indecency, or a violation involving a state or federally controlled substance? If yes, please explain.

**Modalities**

**Populations**

- |            |                           |                     |
|------------|---------------------------|---------------------|
| Individual | Child (youngest age ____) | OCD                 |
| Families   | Adult                     | Dual Diagnosis      |
| Couples    | Geriatric                 | Conflict Resolution |
| Groups     | Immigrants                | Grief and Loss      |
|            | LGBTQ                     | Self-Harm           |
|            | Adoptees                  | Trauma              |
|            | Eating Disorders          | Phobias             |