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[www.mhacentralcarolinas.org](http://www.mhacentralcarolinas.org)

## **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 include a one-year listing on the MHA newly redesigned website (which averages 4,300 hits per month) – *the “Directory of Mental Health Professionals” link is the second most frequently visited page on the MHA website, ([www.mhacentralcarolinas.org](http://www.mhacentralcarolinas.org))*
  - Belong to an inclusive and well respected network of advocates and mental health professionals
  - Network with other mental health professionals in the region (Mecklenburg & Cabarrus Counties)
  - Hear about educational opportunities to earn Continuing Education Credits (CEUs)
  - Access high quality mental health information resources – for yourself and your consumers
  - Receive the latest information in the field of mental health through “e-News”, Newsletters, Advocacy Alerts, etc.), as well as information from MHA’s affiliates at the state and national levels
  - 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 a 75-year history of promoting mental wellness through advocacy, education and prevention initiatives in the Central Carolinas (covering Mecklenburg & Cabarrus Counties)**
  
- **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, including **two** tickets for the MHA Annual Mental Health Professional Networking Event and benefits listed here
  - **One annual listing (includes one picture, which is optional) in the online and printed publication of “The Networker – Psychotherapy Groups”** (directory of psychotherapy groups, print publication formerly maintained by Dr. Nona Patterson; subsequent listings and pictures may be included for an additional cost of \$50 per listing and/or picture)
  
- **Group Level (\$250 base level and up) - Group Providers, Hospitals, and/or Local Management Entities**
  - All the benefits described in Subscriber level, including **three** tickets for the Annual Mental Health Professional Networking Event and benefits listed here
  - **“Featured Mental Health Professional” recognition which will include an embedded hotlink to provider website, located on MHA website home page**
  - Special recognition at the MHA Annual Mental Health Professional Networking Event on printed and electronic communications, event signage, etc.
  - 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

**Membership Criteria:** (Members of the MHA Directory of Mental Health Professionals must maintain the minimum of the following)

- Professional and current licensure/certification \*
- Professional Liability Insurance with a minimum coverage of \$1,000,000/\$3,000,000 or \$2,000,000/\$2,000,000 \*
- Completed membership application & attestation form\* (scroll down to view application)
- Membership paid in full\*

*\*MHA must retain a copy of each and retain on file before uploading hotlinks or information onto agency’s website. In order to receive full year of website access and membership benefits, the MHA must receive all information no later than June 30 of each fiscal year.*

**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	Subscriber	Networker	Group
July-June	\$100	\$150	\$250
Oct.-June	\$75	\$113	\$188
Jan.-June	\$50	\$75	\$125
Apr.-June	\$25	\$38	\$63



**MHA Directory of Mental Health Professionals – Application & Attestation Form**

Please select one of the following:

- Renewal – Individual/Group**       **New Member – Individual/Group**
- Individual Mental Health Prof 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:

**Subscriber Level** (\$100) – *Individuals joining at this level on or before May 5<sup>th</sup> will receive a one-time \$20 discount!*

**Networker Level** (\$150) *Please add \$50 per listing (if more than one listing or picture in “The Networker – Psychotherapy Groups”; see below and check appropriate line/s; add additionally requested benefits to total)*

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

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

- 2<sup>nd</sup> Picture in “The Networker – Psychotherapy Groups” – add \$50 to membership
- 3<sup>rd</sup> Picture in “The Networker – Psychotherapy Groups” – add \$100 to membership
- 4<sup>th</sup> Picture in “The Networker – Psychotherapy Groups” – add \$150 to membership
- 2<sup>nd</sup> Listing in “The Networker – Psychotherapy Groups” – add \$50 to membership
- 3<sup>rd</sup> Listing in “The Networker – Psychotherapy Groups” – add \$100 to membership
- 4<sup>th</sup> Listing in “The Networker – Psychotherapy Groups” – add \$150 to membership
- 1<sup>st</sup> Satellite Office – add \$50 to membership
- 2<sup>nd</sup> Satellite Office – add \$100 to membership
- 3<sup>rd</sup> 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](http://www.mhacentralcarolinas.org) Click here to Donate Online! and indicate MEMBERSHIP in comments) or mailed with this application to 3701 Latrobe Drive, Ste 140, Charlotte, NC 28211, Attn: Membership**

*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: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ security code: \_\_\_\_\_

**Please complete the following information for membership:** (Please submit by June 30<sup>th</sup>.)  
*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)

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.*

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.*

### 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

### 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  African-Americans  Other: \_\_\_\_\_

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

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### Problems/Disorders Treated (Choose only six.)

- |   |  |   |
|---|--|---|
| 1. <input type="checkbox"/> Adjustment Disorders        | 12. <input type="checkbox"/> Gay/Lesbian Issues                            | 21. <input type="checkbox"/> Schizophrenia/Psychoses          |
| 2. <input type="checkbox"/> Anxiety Disorders           | 13. <input type="checkbox"/> HIV/AIDS                                      | 22. <input type="checkbox"/> School Issues                    |
| 3. <input type="checkbox"/> Attention Deficit Disorders | 14. <input type="checkbox"/> Impulse Disorders                             | 23. <input type="checkbox"/> Sexual/Physical Abuse            |
| 4. <input type="checkbox"/> Bipolar Disorders           | 15. <input type="checkbox"/> Marital Relations/Divorce                     | 24. <input type="checkbox"/> Sexuality/Sexual Dysfunction     |
| 5. <input type="checkbox"/> Co-Dependency               | 16. <input type="checkbox"/> Mental Retardation/Developmental Disabilities | 25. <input type="checkbox"/> Somatoform Disorder/Chronic Pain |
| 6. <input type="checkbox"/> Crisis Intervention         | 17. <input type="checkbox"/> Neuropsychology                               | 26. <input type="checkbox"/> Substance Abuse                  |
| 7. <input type="checkbox"/> Depressive Disorders        | 18. <input type="checkbox"/> Obsessive-Compulsive Disorder                 | 27. <input type="checkbox"/> Other (Specify):                 |
| 8. <input type="checkbox"/> Dissociative Disorders      | 19. <input type="checkbox"/> Personality Disorder                          | _____   |
| 9. <input type="checkbox"/> Eating Disorders            | 20. <input type="checkbox"/> Posttraumatic Stress Disorder                 | _____   |
| 10. <input type="checkbox"/> Family Therapy/Parenting   |  | _____   |
| 11. <input type="checkbox"/> Forensic Evaluations       |  |   |

### 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.  Blue Cross/Blue Shield
3.  Champus/TRICARE
4.  CIGNA
5.  CMG Health
6.  Family Enterprises
7.  First Health
8.  Fortis Insurance Company
9.  Great-West
10.  Green Spring Health
11.  Guardian Life Insurance Company
12.  Humana
13.  Integra
14.  John Alden Life Insurance Company
15.  Magellan Behavioral Health
16.  Managed Health Network
17.  Medicaid
18.  Medicare
19.  Occupational Health
20.  OHS/Foundation
21.  Options Mental Health
22.  Pacific Life
23.  Principal Life Insurance Company
24.  Provident Preferred
25.  Prucare
26.  Unicare
27.  United Behavioral Health
28.  United HealthCare
29.  ValueOptions
30.  WellPath
31.  Other \_\_\_\_\_

**Listing for The Networker -Psychotherapy Groups (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.**

**For pictures, please send to: [mha@mhacentralcarolinas.org](mailto:mha@mhacentralcarolinas.org) (only digital pictures will be accepted)**

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 within our organization.**

**Please check any below that may interest you. Opportunities to Volunteer:**

- \_\_\_ Serve on the MHA Board of Directors
- \_\_\_ Collaborate on Suicide Prevention Trainings with MHA Certified QPR Trainers
- \_\_\_ Attend educational talks/presentations on a specific disorder
- \_\_\_ Lead presentation on a specific topic. List topics: \_\_\_\_\_
- \_\_\_ Submit articles and news for MHA eNews and printed 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 Coalition on Immigrant/Refugee Mental Health; interest in attending Torture & Trauma Training



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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 thirty days of the occurrence of any of the following events: (This 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:** \_\_\_\_\_