

**Request for Statement of Qualifications and Applications for Licensed Therapists to Provide Short-Term Counseling Services**

**EXHIBIT B PART 2– APPLICATION & THERAPIST QUESTIONNAIRE**

Applicants are required to complete SOQ/RFA No. CPS-STC/056 Exhibit B Part 1 and 2 Application & Therapist Questionnaire.

**Instructions:** Applicants must: 1) respond to all sections of the form 2) concisely include applicable, essential, and specific information 3) complete a separate Therapists Questionnaire for each therapist who will work through your business 4) attach resume and license(s) for applicant and each therapist, if applicable.

**PART 2: THERAPIST QUESTIONNAIRE**

Contractor's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Therapist Name: \_\_\_\_\_

If you are not licensed, please provide the name of your supervising therapist: \_\_\_\_\_

**ATTACH A COPY OF YOUR RESUME AND LICENSE(S) TO THIS FORM.**

1. List degrees (including those in progress), date received, and institution:

<u>Degree/Degrees in Progress</u>	<u>Date received</u>	<u>Institution</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. List licenses, board certificates, and/or registration number and dates  
(Attach a copy of clinical license(s)):

<u>License/Board Certificate/Registration Number</u>	<u>Date</u>
_____	_____
_____	_____
_____	_____

3. Provide a list of completed Continuing Education Unit coursework (recent and relevant).

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4. Describe your experience providing counseling for adults in each of the following areas:

<b>PHYSICAL ABUSE – <u>PERPETRATOR</u></b>	
# of years experience:	Approx. # of clients served:
Comments:	
Self-Assessment:	
Level of experience: <input type="checkbox"/> High <input type="checkbox"/> medium <input type="checkbox"/> low <input type="checkbox"/> I specialize in this area	

<b>PHYSICAL ABUSE – <u>NON-OFFENDING PARENT</u></b>	
# of years' experience:	Approx. # of clients served:
Comments:	
Self-Assessment:	
Level of experience: <input type="checkbox"/> High <input type="checkbox"/> medium <input type="checkbox"/> low <input type="checkbox"/> I specialize in this area	

<b>SEXUAL ABUSE – <u>PERPETRATOR</u></b>	
# of years' experience:	Approx. # of clients served:
Comments:	
Self-Assessment:	
Level of experience: <input type="checkbox"/> High <input type="checkbox"/> medium <input type="checkbox"/> low <input type="checkbox"/> I specialize in this area	

<b>SEXUAL ABUSE – <u>NON-OFFENDING PARENT</u></b>	
# of years' experience:	Approx. # of clients served:
Comments:	
Self-Assessment:	
Level of experience: <input type="checkbox"/> High <input type="checkbox"/> medium <input type="checkbox"/> low <input type="checkbox"/> I specialize in this area	

<b>NEGLECT/FAILURE TO PROTECT</b>	
# of years' experience:	Approx. # of clients served:
Comments:	
Self-Assessment:	
Level of experience: <input type="checkbox"/> High <input type="checkbox"/> medium <input type="checkbox"/> low <input type="checkbox"/> I specialize in this area	

<b><i>FAMILIES DEALING WITH A YOUTH COMING OUT AS LGBTQ AND STRUGGLING WITH ACCEPTANCE</i></b>	
# of years' experience:	Approx. # of clients served:
Comments:	
Self-Assessment:	
Level of experience: <input type="checkbox"/> High <input type="checkbox"/> medium <input type="checkbox"/> low <input type="checkbox"/> I specialize in this area	

<b><i>FAMILY WHO IS NOT ACCEPTING OF A YOUTH'S LGBTQ IDENTIFY AND WORKING THROUGH GETTING TO ACCEPTANCE AND BECOMING AFFIRMING</i></b>	
# of years' experience:	Approx. # of clients served:
Comments:	
Self-Assessment:	
Level of experience: <input type="checkbox"/> High <input type="checkbox"/> medium <input type="checkbox"/> low <input type="checkbox"/> I specialize in this area	

<b><i>FAMILIES DEALING WITH A YOUTH OR FAMILY MEMBER TRANSITIONING</i></b>	
# of years' experience:	Approx. # of clients served:
Comments:	
Self-Assessment:	
Level of experience: <input type="checkbox"/> High <input type="checkbox"/> medium <input type="checkbox"/> low <input type="checkbox"/> I specialize in this area	

<b><i>ABUSE OR NEGLECT RELATED TO A YOUTH'S LGBTQ IDENTIFY</i></b>	
# of years' experience:	Approx. # of clients served:
Comments:	
Self-Assessment:	
Level of experience: <input type="checkbox"/> High <input type="checkbox"/> medium <input type="checkbox"/> low <input type="checkbox"/> I specialize in this area	

<b><i>FAMILIES DEALING WITH FAITH BASED ISSUES AND THEIR IMPACT ON LGBTQ YOUTH, IDENTIFY AND ACCEPTANCE</i></b>	
# of years' experience:	Approx. # of clients served:
Comments:	
Self-Assessment:	
Level of experience: <input type="checkbox"/> High <input type="checkbox"/> medium <input type="checkbox"/> low <input type="checkbox"/> I specialize in this area	

<b><i>TRAUMA-SPECIFIC OR TRAUMA-INFORMED THERAPY AND HOW DO YOU DETERMINE WHETHER THE CLIENT NEEDS TRAUMA-SPECIFIC THERAPY</i></b>	
# of years' experience:	Approx. # of clients served:
Comments:	
Self-Assessment:	
Level of experience: <input type="checkbox"/> High <input type="checkbox"/> medium <input type="checkbox"/> low <input type="checkbox"/> I specialize in this area	

<b><i>EVIDENCE-BASED MODELS DESIGNED AND TESTED FOR TREATMENT OF TRAUMA-RELATED THERAPY</i></b>	
# of years' experience:	Approx. # of clients served:
Comments:	
Self-Assessment:	
Level of experience: <input type="checkbox"/> High <input type="checkbox"/> medium <input type="checkbox"/> low <input type="checkbox"/> I specialize in this area	

<b><i>DIALECTICAL BEHAVIORAL THERAPY (DBT)</i></b>	
# of years' experience:	Approx. # of clients served:
Comments:	
Self-Assessment:	
Level of experience: <input type="checkbox"/> High <input type="checkbox"/> medium <input type="checkbox"/> low <input type="checkbox"/> I specialize in this area	

<b><i>BRIEF OR SHORT-TERM MODEL THERAPY (10-12 sessions)</i></b>	
# of years' experience:	Approx. # of clients served:
Comments:	
Self-Assessment:	
Level of experience: <input type="checkbox"/> High <input type="checkbox"/> medium <input type="checkbox"/> low <input type="checkbox"/> I specialize in this area	

<b><i>FOREIGN LANGUAGE PROFICIENCY/ CULTURAL COMPETENCIES</i></b>	
# of years' experience:	Approx. # of clients served:
Comments:	
Self-Assessment:	
Level of experience: <input type="checkbox"/> native/bilingual <input type="checkbox"/> full professional <input type="checkbox"/> minimum professional	
<input type="checkbox"/> I specialize in this area	

5. Identify three (3) community-based services that you would, or have recently, transitioned clients into following completion of counseling and why you made the referral.

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6. Have you ever been formally disciplined by your credentialing agency or successfully litigated against? If so, please explain.

7. Have you ever been employed by Sacramento County?

Currently employed                          Previously                          No   

If currently employed or had been employed by Sacramento County in the past, list department(s) and position title(s):

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If previously employed by Sacramento County under another name, please identify:

8. Have you ever been terminated for cause or released from probation from Sacramento County employment?

Yes

No

9. Do you authorize the County to obtain information regarding your job performance from previous employers?

Yes

No

10. If yes, please send your employer a letter authorizing release of information (see Attachment 1 sample)

**I certify that the information on this form is accurate to the best of my knowledge.**

Applicant's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Approved by Sacramento County:

Signature: \_\_\_\_\_ Date \_\_\_\_\_