

Alliant International University- Los Angeles requires that the Individual Psychotherapy Requirement for students be satisfied by receiving therapy from a psychologist licensed in the state of California

Please Type or Print

Name: (First) (Middle) (Last)		Degree (check one): () PsyD () PhD
Business Address: (Street) (Suite/Room)		Degree Institution: Year Completed:
(City) (Zip)		Specialization: () Clinical Psychology () Other:
Contact Phone: Email:		Additional Postdoctoral Training:
California License Number: Date Issued: Date Expires:		
Other Certifications (ABPP, Psychoanalytic, etc.):		
Professional Association Memberships (check all that apply): <input type="checkbox"/> APA <input type="checkbox"/> Asian American Psych Association <input type="checkbox"/> AB Psy <input type="checkbox"/> California Psych Association <input type="checkbox"/> California Association of Hispanic Psychologists <input type="checkbox"/> LA County Psych Association <input type="checkbox"/> LA Society of Clinical Psychologists <input type="checkbox"/> Other:		Your theoretical orientation is: <input type="checkbox"/> Behavioral <input type="checkbox"/> Cognitive <input type="checkbox"/> Psychodynamic <input type="checkbox"/> Psychoanalytic <input type="checkbox"/> Humanistic/Existential <input type="checkbox"/> Systems <input type="checkbox"/> Other:
Do you conduct psychotherapy in languages other than English? () Yes () No If yes, which languages:		
Malpractice Insurance: Amount of Coverage:		Type(s) of insurance accepted:
Have you ever had a mental health license suspended or revoked in this or any state? (If yes, please submit a written explanation with this form.) <input type="checkbox"/> Yes () No Are you involved currently in any legal or ethical complaints about your practice? (If yes, please submit a written explanation with this form.) <input type="checkbox"/> Yes () No		
What is your usual and customary fee of individual therapy? \$ _____ Are you willing to see students for a reduced fee (appropriate to the student's economic circumstances)? <input checked="" type="checkbox"/> Yes () No If yes, indicate reduced fees that you would consider: (check all that apply) <input type="checkbox"/> \$35 - \$50 per hour <input type="checkbox"/> \$51 - \$70 per hour <input type="checkbox"/> \$71 - \$90 per hour <input type="checkbox"/> Other:		
<i>I hereby certify that the information provided herein is true and correct to best of my knowledge.</i>		
Signature:		Date: