

Employer Information/Psychotherapist

Applicant Name: _____

Position Applied For: _____

To Applicant: Please provide the information requested below on employers who employed you in the past five years as a *physician, psychologist, psychiatrist, nurse, chemical dependency counselor, social worker, member of the clergy, marriage or family therapist, mental health service provider, or in any other capacity in which you performed psychotherapy, whether or not as licensed provider.*

Employer's Name: _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: _____

Supervisor's Name/title: _____

Your Title: _____

Dates of Employment From: _____ **To** _____

Employer's Name: _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: _____

Supervisor's Name/title: _____

Your Title: _____

Dates of Employment From: _____ **To** _____

Employer's Name: _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: _____

Supervisor's Name/title: _____

Your Title: _____

Dates of Employment From: _____ **To** _____

Employer's Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Supervisor's Name/title: _____

Your Title: _____

Dates of Employment From: _____ To _____

Employer's Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Supervisor's Name/title: _____

Your Title: _____

Dates of Employment From: _____ To _____

Employer's Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Supervisor's Name/title: _____

Your Title: _____

Dates of Employment From: _____ To _____

Employer's Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Supervisor's Name/title: _____

Your Title: _____

Dates of Employment From: _____ To _____