Specialized First Responder Treatment Provider Application

Please fill in all highlighted sections. Online version available at: www.missouricit.org

CONTACT/AGENCY INFORMATION

Name		Office Hours:	
Title | Degree		Do you accept?	Do you offer?
License #		☐ Cash Payments	☐ After Hours Appointments
Business Name		☐ Pro-Bono Services ☐ Case by case fee assessment ☐ Insurance - Please list insurances accepted:	☐ Private Entrance ☐ Services to Adults ☐ Services to Children ☐ Services to Families ☐ Other (please list):
Phone | Fax			
E-mail			
Registered Business Address City, State ZIP Code			

EDUCATION AND EXPERIENCE

Trauma Specific Education and Treatments Offered:	
Experience working with First Responders:	
Have you ever completed a "ride-along"?	☐Yes ☐ No If so, when?
Is there anything else you would like us to consider?	

REFERENCES FROM FIRST RESPONDERS (ATTACH ADDITIONAL FORMS AS NEEDED)

1) Name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of First Responder			

June 11, 2018

2) Name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of First Responder			

AGREEMENT

1. **All First Responder information will be kept strictly confidential and I will agree to treat all First Responder information as especially sensitive.**
2. **I understand that payment for services will come directly from the First Responder or their payer source and not the Missouri State CIT Council or its affiliates.**
3. **All additional information you wish to be considered shall be attached to this application.**
4. **Addition of your name and contact information to the Provider Database is voluntary and can be removed by you or the Missouri State CIT Council at any time.**
5. **By submitting this application, you authorize the MISSOURI STATE CIT COUNCIL WORKING COMMITTEE to make inquiries into your education and experiential background in working with First Responders.**

SIGNATURES

Signature	
Name and Title	
Date	

Please return this form with any attachment(s):

By Mail: MO Coalition for Community Behavioral Healthcare
Kimberly Hicks
221 Metro Drive, Suite A
Jefferson City, MO 65109

By e-mail: admin@mocit.org

Detective Jason Klaus
State CIT Coordinator
jklaus@mocoalition.org
573.768.6179