



Affix Photo Here

Name: _____
Address: _____
Address: _____
Phone: _____ Fax: _____
Email: _____

Areas of Clinical Experience:

- ___ Conflict Resolution
___ Critical Incident Stress
___ Healthy Eating
___ Medical Self-care
___ Management Consultation
___ Psychological Impact of Chronic Illness
___ Sexual Harassment
___ Smoking Cessation
___ Return to Work Agreements

Vocational Rehabilitation Expertise:

- ___ Job Analysis
___ Job Modification
___ Disability reports
___ Concomitant Depression
___ Physical Capacities
___ Motivational Factors
___ FMLA
___ Secondary Gain
___ Short Term Disability
___ Return To Work Adjustment

Areas of Management Expertise:

- ___ Budgeting
___ Interview Process/Hiring
___ Coaching
___ Discipline
___ Mentoring
___ Leadership Development
___ Policy/Procedure Development
___ Team Building
___ Motivating Employees
___ Conflict Resolution
___ Managing the Difficult Employee
___ Improving Morale
___ Decision Making/ Goal Setting
___ Recognizing the Troubled Employee
___ EAP Referrals
___ Responding to Organizational Change
___ Building a Positive Organizational Culture

Specialized Education/ Certification:

- ___ Critical Incident Stress Debriefing (CISD)
___ DOT Certified Substance Abuse Professional
___ Smoking Cessation
___ Substance Abuse Counseling

Areas of Presentation/Training Expertise:

- ___ Presentation to small groups (less than 25)
___ Presentation to medium sized groups (26-50)
___ Presentation to large groups (over 50)
___ Formal Presentations to large groups such as conferences (over 100)
___ Power Point use in Presentation
___ Power Point Presentation Development
___ Interactive Workshops

Do you own or have access to: () laptop () projector

Interest and Expertise in Presentations on:

- General Mental Health Topics
- Wellness
- Management Development
- Smoking Cessation
- Other

Availability:

How quickly can you generally respond to a request for a management consultation, CISD, or Training?

- Immediately (Crisis)
- 24 hours
- 48 hours
- 72 hours
- Within one week
- Within 2 weeks

References:

Please include name and contact information for three organizations you have provided training

Name: _____

Company: _____

Phone _____

Training(s) Provided: _____

Name: _____

Company: _____

Phone _____

Training(s) Provided: _____

Name: _____

Company: _____

Phone _____

Training(s) Provided: _____
