



ASPEN THERAPY

COLLECTIVE

698 Briggs St. Unit 4, Erie, CO 80516
Alyssa@Aspentherapycollective.org

Job application form

Vacancy title:

Unlicensed Mental Health Therapist

Please tell us how you heard about this vacancy:

Please include a resume and a sample clinical progress note with this application.

1. Personal details

Last name:

First name:

Address:

Cell phone:

E-mail address:

2. Preferred hours

Flexible scheduling is available at Aspen Therapy Collective. It is helpful to know when you are available and willing to work, in general. Please mark the times you would be able to be present (please feel free to mark more than the required hours):

Please mark when you are available:

	Mon	Tues	Weds	Thurs	Fri	Sat	Sun
Morning							
Afternoon							

Evening							
---------	--	--	--	--	--	--	--

3. Education/Qualifications

License/Certification # and State:

Date Issued:

Anticipated Date (month/year) of application for independent licensure:

College/University	Start/End Date	Degree Earned/GPA	Date Obtained

4. Training and Development

Please use the space below to give details of any significant training which is relevant to the position and supports your application.

Training Course	Course Details (including length of course/nature of training)

5. Current Membership of any Professional Body/Organization

Please give details:

6. Questions:

1. What are your professional goals for the next 2 years?

2. What is your long term vision for your clinical work? (ie. Focus of practice, future employment goals, etc.)

3. Do you have experience working with children? **YES/NO**

3a. If so, in what capacity?

4. Please discuss your interest in play therapy?

If you need us to make any adaptations for your interview to accommodate any disability you may have please tell us what these should be?

If appointed when could you start?

7. Disclosure

Answering positive to any of these questions will not necessarily be a barrier to obtaining a position at Aspen Therapy Collective. Please provide an explanation for any question answered yes.

1. Have there ever been any professional liability (i.e., malpractice) claims, suits, judgments, settlements or arbitration proceeding, or DORA grievances involving you?

YES/NO

2. Are any professional liability (i.e., malpractice) claims, suits, judgments, settlements or arbitration, or proceedings involving you, or DORA grievances, currently pending?

YES/NO

3. Have you ever been suspended, fined, disciplined, investigated, expelled, sanctioned or otherwise restricted or excluded from participating in any private, federal or state health insurance program (for example, Medicare or Medicaid) or are any such proceedings in progress?

YES/NO

4. Have you ever been convicted of, pled guilty to, or pled nolo contendere to any felony or misdemeanor that is reasonably related to your qualifications, competence, functions, or duties as a health care professional or are you currently under indictment or currently have pending against you any such charges?

YES/NO

5. Have you ever been convicted of, pled guilty to, or pled nolo contendere to any felony or misdemeanor that alleged fraud, an act of violence, child abuse, or a sexual offense or sexual misconduct or are you currently under indictment or currently have pending against you any such charges?

YES/NO

Explanation:

Are you willing to consent to a background check, upon offer of employment?

YES/NO

Are you subject to any conditions relating to your employment in this country?

YES/NO

If "yes" please use the space below to tell us what these are?

8. References

Please give the detail of **two** professional references who can speak to your ability to fulfil this position.

**Name of referee
and relationship to
you:**

Address:

Email:

Phone:

**Name of referee
and relationship to
you:**

Address:

Email:

Phone:

9. Declaration

Statement to be signed by the applicant

Please complete the following declaration and sign it in the appropriate place below. If this declaration is not completed and signed, your application will not be considered.

I confirm that all the information given by me on this form is correct and accurate and I understand that if any of the information I have provided is later found to be false or misleading, any offer of employment may be withdrawn or employment terminated.

Signed:

Date: