



Amy S. Robbins LPC, RPT-S

109 Anderson Street #101, Marietta, GA 30060

Phone: 706-406-3404

Fax: 404-591-7974

amyrobbinslpc@gmail.com

Today's Date: _____

Name: _____

Address: _____

Phone Number (s) _____

Email: _____

Website: _____

Employer:

Name/address: _____

Graduate School: _____

Degree earned: _____

Completion date _____

Internship/Practicum site: _____

Clinical Experience:

Describe the quantity of your clinical/therapeutic work experience since earning your first graduate degree:

Describe your theoretical orientation and why:

What assessment techniques or instruments do you use- if any?

How does your personal history positively and/or negatively affect your skills as a therapist?

Are you aware of any current problems that could limit your effectiveness as a therapist?

What client issues do you feel unqualified or incapable of handling effectively?

Describe any past problems in maintaining professional boundaries or in performing your role as a mental health provider:

What kind of supervision has been the **most** helpful for you?

What kind of supervision has been the **least** helpful for you?

What are your goals for this supervision experience?

When was your last Ethics workshop and/or class?

What cultural issues do you see impacting our supervisor/supervisee relationship?

How do you like to receive feedback?

How do you want to handle communication when you feel that I do not understand?

What is your self-care plan?

Anything else I need to know:

Have you been or are you currently in therapy? _____Yes _____No

Have you ever been sued or had the Board open a case on you regarding a professional matter? _____Yes _____No

I have studied the professional code of ethics of my profession and I agree to abide by them. _____Yes _____No

I am fully licensed as a mental health professional, thus I will receive

case consultation: _____Yes _____No

I am not fully licensed as a mental health professional, thus I will be receiving

clinical supervision: _____Yes _____No

I am seeking my **Registered Play Therapy (RPT) certification:**

_____Yes _____No

- 1. Please provide your current resume.**
- 2. Please provide a copy of your professional liability face sheet.**
- 3. Please provide names and phone numbers/email of 3 references:**

1. I understand that Amy S Robbins LPC, RPT-S has the right and responsibility to communicate with appropriate state licensing board (s) and/or my employer if she believes there may be a risk to client safety. Initial here _____
2. I agree to contact Amy Robbins LPC, RPT-S regarding client emergencies.
3. I agree to comply with HIPPA and my employer requirements regarding record keeping.
4. I am aware that Amy Robbins LPC, RPT-S may be requested to provide either positive or negative information regarding my attitude, timeliness, record keeping, ability to encourage, listen, support peers, attendance, etc to potential employers, educational institutions, the GA Composite Board, Association for Play Therapy, NBCC, etc.
5. I agree to attend supervision on a regular basis.

This is not a requirement if you are attending case consultation.
6. Rates are \$100 for individual supervision (may be split among two therapists); \$70 per person for a two hour group. If I travel to your office, rates are \$125 an hour, which will also include travel time.
7. If seeking RPT, please know that I will need to see one live or video play therapy session for every 10 hours of supervision/consultation.

Signature: _____

Date: _____