



ATTACH REGISTRATION APPLICATION

Primary Contact Name _____
Agency/Practice Name _____
Address _____
City, State, Zip _____
Work phone _____ Email _____
Fax _____ Website _____

Applying for (Fee):

- Registered individual clinical membership **(\$175)**
- Registered agency clinical membership **(\$400)**
- Registered employee of a registered agency
(Must be directly employed by agency) **(\$80)**

Services offered:

- Office based therapy
- Home based therapy
- Intensive home-based therapy
- Therapeutic foster care
- Group care
- Residential treatment
- Other _____

New Applicants:

Please add one-time fee of \$25 for new applicants

Payment

Payment may be made online through the membership page on our website or sent by check along with your application or provide credit card information below.

Total Due with Application: _____

Visa MasterCard Amex Discover

Name on Card _____

Address of Card _____

Card # _____ Exp. Date _____ CVV _____

Email applications and supporting documentation electronically to:

questions@attach.org

Dear Practitioners,

Thank you for your interest in becoming a Registered Clinician with the Association for Training on Trauma and Attachment in Children (ATTACH). We are grateful for clinicians who wish to expand their knowledge in trauma and attachment, and who can share their own expertise as we learn from one another.

This process is intended to maintain a standard of excellence in working with a unique and challenging population. In addition, ATTACH seeks to serve as a clearinghouse for disseminating research and information pertaining to healthy attachment and healing from trauma. We also wish to be a source of professional referrals to those who are seeking competent and qualified clinical help.

In order to be a Registered Clinician, ATTACH requires:

- A graduate-level professional degree in a mental-health field, such as Social Work, Psychology, Marriage and Family Therapy, or Clinical Mental Health Counseling.
- A copy of your license or associate license in the state where you practice.
- At least 40 hours of attachment and 40 hours of trauma training over the last five years (for Registered Clinician renewals, the requirement is 30 hours of specialized attachment and trauma training over the previous three years).
- A copy of your Current Professional Liability Insurance.
- A copy of your Disclosure Statements and/or Informed Consent Form (these should list your experience, how you practice, what types of clients you typically see, and training or skills that allow you to have a specialty practice, and the limits of confidentiality).
- A current Curriculum Vitae or Resume.
- A signed copy of the ATTACH Registration Agreement.
- A signed copy of the ATTACH Malpractice Questionnaire.
- A signed copy of the ATTACH Disciplinary Disclosure Statement.

Upon receipt of a complete application, your documents will be forwarded to the Vice-President of ATTACH, whose role is to oversee clinical aspects of ATTACH, and to assist you in this process. Should he have any questions about your application the Vice President will contact you.

Once approved, you will receive a certificate in the mail, your information will be placed on the ATTACH website under the Resources section, and your application will be kept on file at the ATTACH office.

Should you have any questions about this process, please do not hesitate to reach out to ATTACH at info@attach.org or:

3001 Metro Drive, Suite 290
Bloomington, MN 55425
(612) 861-4222

Again, thank you!

Norman Thibault
Vice President, ATTACH



Association for Training on Trauma and Attachment in Children

ATTACH Registration Agreement

To be completed by each individual applicant or each qualified therapist in an applicant agency

Please check your understanding of and agreement to the following statements:

- I understand that ATTACH Registered Clinicians adhere to Practice Standards of The American Professional Society on the Abuse of Children (APSAC).
- I am familiar with and agree to abide by ATTACH's:
 - Standards of Practice
 - Safety Principles
 - Basic Assumptions
- I understand that if I fail to abide by these principles the ATTACH Ethics Committee may request my resignation from ATTACH and notify my local licensing board.
- I give permission to ATTACH to publish my/our name and Disclosure Documents on the ATTACH website.
- I attest to the veracity of all statements made in my application.

Printed name of applicant

Name of agency (if applicable)

Title

Signature

Date



Association for Training on Trauma and Attachment in Children

Malpractice Questionnaire

To be completed by individual applicant or each qualified therapist in applicant agency

Have you ever had a complaint filed against you?

If no, check here and sign bottom of form.

If yes, check here and fill out remainder of form.

1. Please attach a copy of the original complaint with the settlement and/or court documents. **Please white out your patient/s name and other identifying information to protect their confidentiality.**

2. Title of Suit _____

3. Date filed _____

4. What are the **specific** malpractice charges/allegations?

5. Indicate your **position** in the case in relation to plaintiff and to any co-defendants.

6. Provide a brief clinical summary of the case including details of the treatment such as presenting complaints, assessment, diagnosis, medications prescribed, nature of clinical interactions, length of stay, details of discharge, etc.

7. What is your **response** to the allegations?

8. Disposition: Pending Settled

If settled, provide the following information:

In court Out of court Date of Settlement _____

Total amount of settlement _____ Amount attributable to you _____

9. Describe any action you have taken, and how your policies and procedures have changed as a result of this claim.

Signature

Date



Association for Training on Trauma and Attachment in Children

Disciplinary Disclosure Statement

To be completed by individual applicant or each qualified therapist in applicant agency

Professional Liability Claims:

YES or NO

Have you ever been denied professional liability coverage?

Ye

Has your professional liability coverage ever been terminated by action of the insurance company?

Has your professional liability carrier excluded any specific procedures from your coverage or otherwise restricted your practice or coverage?

*****If you answered yes to any of the above, please provide a detailed explanation on a separate sheet.**

Have there been, or are there currently pending, any malpractice claims, lawsuits, settlements or arbitration proceedings involving your professional practice?

Have you been named as a defendant or accused of discrimination or harassment in any employment related complaint, administrative proceeding, or lawsuit?

*****If you answered yes to either of the above, please complete the Malpractice Questionnaire for each case.**

Disciplinary Actions:

Has your license to practice in any state been denied, limited, suspended, revoked, or been voluntarily or involuntarily surrendered, either as a result of an investigation of your activities or in settlement or compromise of such an investigation or because proceedings were threatened or initiated against you?

Yes

Have you been denied membership or subject to any disciplinary action in any HMO, or other institutional healthcare provider, local, state or national professional society, or have any such proceedings to revoke, suspend, modify or restrict been instituted against you?

Have you been suspended, sanctioned or otherwise restricted or denied from participating in any private, federal or state health insurance program (such as Medicaid, Medicare)?

Have you been the subject of an investigation by any private, federal or state agency concerning your participation in any private, federal or state health insurance program?

Have you been convicted of a crime, excluding minor traffic violations, whether or not a sentence was imposed?

Have you been the subject of any professional misconduct proceedings (other than malpractice claims)?

Has any disciplinary action been initiated or is any pending against you by any state licensure board?

Has any request for corrective action or investigation (other than normal quality assurance reviews) involving your clinical practice, competence or professional conduct been initiated by any hospital, medical staff or other medical organization, or is any such action currently pending?

*****If you answered yes to any of the above, please provide a detailed explanation on a separate sheet.**
