

## Provider Profile Sheet

### Contact Information

LAST FIRST MI CREDENTIALS

MAILING ADDRESS

CITY STATE ZIP

COMPANY NAME TITLE

WORK # CELL # FAX #

EMAIL ADDRESS WEBSITE URL

PREFERRED METHOD OF CONTACT:  Phone  Email

### Areas of Expertise

Please check all that apply:

- |   |   |
|---|---|
| <input type="checkbox"/> Legal                    | <input type="checkbox"/> Phlebotomy                 |
| <input type="checkbox"/> Finance                  | <input type="checkbox"/> Cardiac                    |
| <input type="checkbox"/> Mental Health            | <input type="checkbox"/> Spiritual                  |
| <input type="checkbox"/> Parenting                | <input type="checkbox"/> Smoking Cessation          |
| <input type="checkbox"/> Professional Development | <input type="checkbox"/> Fitness                    |
| <input type="checkbox"/> Health & Medicine        | <input type="checkbox"/> Cancer Prevention          |
| <input type="checkbox"/> Nutrition                | <input type="checkbox"/> Wellness/Life Coaching     |
| <input type="checkbox"/> Health Screenings        | <input type="checkbox"/> Elder Care                 |
| <input type="checkbox"/> Flu Shot                 | <input type="checkbox"/> Organizational Development |

OTHER: \_\_\_\_\_

1. Please list your credentials and any applicable certifications or advanced training. Please list in which state you are licensed/certified/trained.

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2. How many years of experience do you have in your specified fields?

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3. Do you have experience presenting workshops/seminars?  Y  N  
4. If yes, do you have experience presenting in front of large groups?  Y  N  
5. Do you have experience conducting health screenings?  Y  N  
6. Do you have experience with any of the above in a worksite environment?  Y  N

## Availability

Please circle the days and times in which you are available to provide services?

<b>Mon</b>	<b>Tues</b>	<b>Wed</b>	<b>Thurs</b>	<b>Fri</b>	<b>Sat</b>	<b>Sun</b>
Morning	Morning	Morning	Morning	Morning	Morning	Morning
Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon
Evening	Evening	Evening	Evening	Evening	Evening	Evening

Are you willing to travel in and around the MD, DC, and VA area? Please be specific.

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Please list any other special circumstances we should be aware of?

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