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| **Figure 3.8** | **Practitioner Information Form** |
| Applicant’s Full Name:  Any other names used: Social Security no.: / / Date of birth: Email address:  (Provide email address if you prefer to receive information via email.) Current address:  City: State: ZIP: | |
| Driver’s license (DL) state: D.L. number:  Address on driver’s license: | |
| Name of high school, college, university, or institution of professional training where you completed the highest level:  (GED—provide state):  Campus name: City: State:  Name on GED or under which you graduated: Year(s) attended: Year graduated/GED completed: | |
| Please provide any current professional licenses, certifications, or registries you may hold: Name as it appears on license/certification/registry: Type: State/region or issuing organization: Country: Number:  Name as it appears on license/certification/registry: Type: State/region or issuing organization: Country: Number:  Name as it appears on license/certification/registry: Type: State/region or issuing organization: Country: Number: | |

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| **Figure 3.8** | **Practitioner Information Form (cont.)** |
| Have you ever been convicted of a crime? Yes No  Offense: County: State: When: Offense: County: State: When: Offense: County: State: When: (Please attach a separate sheet of paper to provide additional entries.) | |
| Please provide all locations where you have resided for the past 7 years, starting with your current residency.   1. City: State: From/to: / 2. City: State: From/to: / 3. City: State: From/to: / 4. City: State: From/to: / 5. City: State: From/to: / (Please attach a separate sheet of paper to provide additional entries.) | |