***FORM FOR INCLUSION: ASWIS CLINICAL PROVIDERS LIST***

*Please forward questions/ completed form along with other required   
documents to Anita A. Daniels, MSW, LCSW, LCAS, CCS*

*Vice President, ASWIS:* [*actualitiesltd@gmail.com*](mailto:actualitiesltd@gmail.com)

**CLINICIAN INFORMATION**

**Date:**

**Legal Name:**

**Business Name (if applicable):**

**Business Address:**

**Business Phone Number:**

**Business Email Address:**

**Website:**

**Social Media Links You Would Like to Share (i.e. LinkedIn, Twitter, etc.):**

**Current Licenses w/ State(s):**

**EAP Affiliations:**

**Certifications and Other Areas of Specialty:**

**Accepted Insurances:**

**HIPAA-Compliant Telehealth Platforms (if applicable):**

**ACADEMIC AND EMPLOYMENT RECORDS:**

Please submit a current copy of your resume or CV with your application. Your resume/CV should outline all professional work experience, especially experience working with athletes. It should also include colleges/universities attended, and degrees/certifications earned.

**PERSONAL NARRATIVE**

Prepare a personal narrative, not to exceed one (1) typed page (double spaced, 12-point font, Times New Roman font, one-inch margins).

Explain your interest in providing clinical services to athletes. Elaborate on personal and professional factors that have influenced your decision to pursue your inclusion on this list. Please highlight areas of expertise, years of experience (***minimum of three years***) working with athletes, etc. Discuss your understanding of the Sport Social Work field. Describe the skills you possess that will allow you to provide exceptional care for athletes.

**REFERENCES**

A minimum of two professional references is required from individuals who have knowledge of your professional qualifications. Please ask your references to send you a maximum one-page letter of reference that attests to your qualifications. Please do not submit references authored by clients, or references who do not have expertise in clinical practice. The applicant should also list the name and email address of the references below, and submit their letters with this application.

Reference One: (name) (email)

Reference Two: (name) (email)

***Please attach a copy of your license and proof of professional liability insurance to this application.***

**SOCIAL WORK CODE OF ETHICS**

The Alliance of Social Workers in Sports believes strongly in the Code of Ethics established by the National Association of Social Workers.

<http://www.socialworkers.org/pubs/code/code.asp>

Individuals interested in being listed on our provider list must adhere to these ethical values and principles. Your signature at the bottom of this application signifies your commitment to this code.

**SIGNATURE**: My signature below indicates that I have read this document carefully and fully understand its contents. It also verifies the accuracy of the information provided.

**Printed Name:**

**Signature:**

**Date:**

*Disclaimer: No services will be provided on behalf of the Alliance of Social Workers in Sports. The Alliance of Social Workers in Sports does not offer clinical services. The Alliance of Social Workers in Sports maintains a database of active members who can provide clinical services. Members of the Alliance offering clinical services do so through their private practice or other appropriate entity. All providers must carry their own professional liability insurance. Any services entered into between an athlete and a provider will be under the provider's company not the Alliance of Social Workers in Sports.*