

ASWIS Provider Interest Checklist

REQUIRED ATTACHMENTS

- Resume
- Professional Liability Insurance (clinician/company is owner of the policy).
- Clinical License(s) (original full licensure date); must be fully licensed (excluding associate) for three years
- Personal Narrative

QUALIFICATIONS

- Minimum three years of experience serving the athlete population as a clinician (collegiate, semi-pro, pro, and retired pro)
- Relevant certifications, e.g., sports counseling, mental performance, substance use, group facilitation)

HIPAA-COMPLIANT TELEHEALTH PLATFORM

- Doxy.me
- OhMD
- SimplePractice
- Kareo
- Office Ally
- Other: (Confirmed by reviewer)

REFERENCES

- Two references including valid email address

CONFIRMED

- Printed Name
- Signature
- Date

REVIEWER SIGNATURE: _____

DATE: _____