

Resource Application

Welcome to Sierra Tucson's Professional Resources Network! To be listed in the Professional Resources Network on Sierra Tucson's database and website, please complete and submit this Resource Application.*

Date of Submission/Update: _____ **Resource Type:** Physician Therapist Interventionist Continuing Care Facility

Last Name & Credentials: _____ First Name: _____ MI: _____

Years in Practice: _____ Organization: _____

(If organization is provided, you will be listed by your organization name.)

Qualifications: _____

Description of Services: _____

Address: _____ Suite #: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone 1: _____ Phone 2: _____

Fax: _____ E-mail: _____ Website: _____

Specialty Areas:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Trauma | <input type="checkbox"/> Eating Disorders | <input type="checkbox"/> CD/Alcoholism | <input type="checkbox"/> Sexual Addiction |
| <input type="checkbox"/> Axis II Diagnoses | <input type="checkbox"/> Compulsive Gambling | <input type="checkbox"/> Internet Addiction | <input type="checkbox"/> Mood Disorders |
| <input type="checkbox"/> Other (please describe) _____ | | | |

Modalities:

- | | | | |
|--|--|---|---------------------------------------|
| <input type="checkbox"/> Children | <input type="checkbox"/> Adolescent | <input type="checkbox"/> Family | <input type="checkbox"/> Acupuncture |
| <input type="checkbox"/> Individual | <input type="checkbox"/> Group | <input type="checkbox"/> Interventions | <input type="checkbox"/> Couples |
| <input type="checkbox"/> Psychodrama | <input type="checkbox"/> EMDR | <input type="checkbox"/> Somatic Experiencing | <input type="checkbox"/> Experiential |
| <input type="checkbox"/> Imago Therapy | <input type="checkbox"/> Massage | <input type="checkbox"/> Reiki | <input type="checkbox"/> Chiropractic |
| <input type="checkbox"/> DBT | <input type="checkbox"/> Other (please describe) _____ | | |

Type of Service:

- | | | | |
|--|--|--------------------------------------|--|
| <input type="checkbox"/> Acute Care | <input type="checkbox"/> Inpatient/Hospital | <input type="checkbox"/> Residential | <input type="checkbox"/> Extended Care |
| <input type="checkbox"/> Halfway House | <input type="checkbox"/> Partial Hosp/Day Program | <input type="checkbox"/> IOP | <input type="checkbox"/> Outpatient |
| <input type="checkbox"/> Recovery Living | <input type="checkbox"/> Other (please describe) _____ | | |

Fee Range: _____ **Length of Stay:** _____ **Accept:** Medicare Insurance Private Pay

Please describe your philosophy in 50 words or less: _____

By signing and submitting this form, I hereby authorize Sierra Tucson to include the above information on their database and to publish such information on Sierra Tucson's website. I also agree to receive information or contact by Sierra Tucson.

Signature: _____ Print Name: _____ Date: _____

Please mail or fax completed form to:

Sierra Tucson, Inc.
39580 S. Lago del Oro Parkway
Tucson, AZ 85739
Fax: 520-818-5869
Telephone: 800-842-4487

*Note: Please be advised that Sierra Tucson will evaluate all submissions and will retain the right to add or subtract listings from the Sierra Tucson website at their discretion. Submission of this form does not guarantee inclusion on Sierra Tucson's website. Sierra Tucson cannot be held liable for the accuracy of information submitted or displayed. Applicant agrees to release and hold harmless Sierra Tucson and all of its subsidiaries, owners, officers, directors, employees, and agents from any and all liability relating to the use of any information contained herein.