



The Mental Health Association in Suffolk County, Inc.

Bridging The Way Toward Mental Wellness

199 N. Wellwood Avenue, Lindenhurst, NY 11757
Phone: 631-226-3900 Fax: 631-225-1708

Mental Health Professional Membership Form

Name _____ Title _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Email _____

Company/Organization Contact, if applicable _____

Mental Health Professional with Website Listing \$90

As a mental health professional, you have the option of becoming a MHA member with the benefit of having your name, address and phone number listed under a choice of categories in the Resource section on our website. (This does not include a company/organization listing.)

You must meet the criterion on the second page and submit the required documentation, for a listing.

Please make checks payable to The Mental Health Association in Suffolk County, Inc.

If using a credit card, application and documentation may be faxed to 631-225-1708.

AMEX VISA MC DISCOVER

Account # _____ / _____ / _____ / _____

Expiration Date: ____/____

Signature: _____

For office use only:
CK# _____
DR _____ RM _____

The MHA does not share the names of its members with any other organization.

Mental Health Professional Criterion for Listing on MHAS Website

In order to be listed under the resource section of our website, you must meet the following criterion and submit the required documents:

- You must be in licensed in NYS and in practice a minimum of two years**
- You must provide MHA with a copy of your NYS Certificate of licensure**

Please provide MHA with documentation of any accredited post-graduate training classes or specializations you have completed.

As a Mental Health Professional member, by meeting the above criterion your name, address and telephone number will be listed under a choice of categories in the Resource section on our website.

Please answer the following questions to better help us categorize your services.

1. Population(s) Served (please circle all that apply):

Infants Children Youth Adults Elderly

2. Type of Therapy (please circle all that apply)

Individual Couples Family Group

Therapeutic Approach: _____

3. List Areas of Interest (Limited to Six Categories)

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Abuse | <input type="checkbox"/> Day Social Programs | <input type="checkbox"/> Hospitals | <input type="checkbox"/> PROS (Personalized Recovery Oriented Services) |
| <input type="checkbox"/> Adolescents | <input type="checkbox"/> Day Treatment | <input type="checkbox"/> Housing | <input type="checkbox"/> Psychiatrists |
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Depression | <input type="checkbox"/> Legal Services | <input type="checkbox"/> Psychologists |
| <input type="checkbox"/> Affect Disorder | <input type="checkbox"/> Dialectical Behavioral Therapy | <input type="checkbox"/> Lesbian/Gay | <input type="checkbox"/> Schizophrenia |
| <input type="checkbox"/> Alcoholism | <input type="checkbox"/> Divorce | <input type="checkbox"/> Marriage/Couples Counseling | <input type="checkbox"/> Self Injurious Behavior |
| <input type="checkbox"/> Anger Management | <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Mood Disorders | <input type="checkbox"/> Sexual Abuse |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Drop-in Centers | <input type="checkbox"/> Nurse Practitioner | <input type="checkbox"/> Social Workers |
| <input type="checkbox"/> Attention Deficit Disorder (ADHD) | <input type="checkbox"/> Eating Disorders | <input type="checkbox"/> Obsessive Compulsive Disorder | <input type="checkbox"/> Spanish Speaking Services |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Emergency Services | <input type="checkbox"/> Panic Disorder | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Bereavement/Grief | <input type="checkbox"/> Evaluations | <input type="checkbox"/> Parenting | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> Bipolar Disorder | <input type="checkbox"/> Family Therapy | <input type="checkbox"/> Personality Disorders | <input type="checkbox"/> Support Groups |
| <input type="checkbox"/> Borderline Personality Disorder | <input type="checkbox"/> Financial Assistance | <input type="checkbox"/> Phobias | <input type="checkbox"/> Vocational Services |
| <input type="checkbox"/> Case Management | <input type="checkbox"/> Gay/Bisexual/Transgendered | <input type="checkbox"/> Post Partum Depression | |
| <input type="checkbox"/> Children/Youth | <input type="checkbox"/> Geriatric | | |
| <input type="checkbox"/> Clinics | | | |