APNS Private Practice Directory (PPD) 2019-20

The PPD is distributed to health professionals around NS, is used to provide information for inquiries to APNS and is available on our website. In addition to listings for psychologists, a brief description of APNS and NSBEP, a notice that fees are not covered by MSI, information on 3rd party coverage and on accessing community resources, a disclaimer informs consumers that:

a) the information listed is provided by the practitioners themselves,
b) a fee is charged for the listing,
c) APNS does not certify competence for the areas specified by the practitioner nor does APNS necessarily endorse their claims, and
d) there may be other equally competent psychologists in NS who choose not to be listed.

If you would like to be listed in the hard copy PPD and/or on the website, please respond to the following **as it pertains to your individual private practice.**

Listing fee:	**APNS members (one office location)**		**$150.00/year**
	Non-members: (one office location)		**$250.00/year**
	Additional office location (2 max):	____ x	**$30.00/year each**
	Website only (APNS members)		**$125/year**
	Website only (non-members)		**$225/year**

Total payment **$**_____

Please complete form and return before September 30th to: APNS, 645-5991 Spring Garden Rd, Halifax, NS B3H 1Y6. FAX: 902-462-9801. E: apns@apns.ca

Visa / MasterCard #_____Exp_____

Credit Card Signature _____

Please complete the following as you wish it to show on your listing.

☐ **CONTACT INFO IS SAME AS LAST YEAR** ☐ **I HAVE INDICATED CONTACT CHANGES BELOW**

Name:_____ **Highest Degree:**_____

Practice Name 1: _____**Wheelchair accessible** ☐

Site Address 1: _____

P:_____**F:**_____**E:**_____

Practice Name 2: _____ **Wheelchair accessible** ☐

Site Address 2: _____

P:_____**F:**_____**E:**_____

Website(s): _____

Office Day/Hours:_____

NSBEP Reg #_____**CRHSPP Reg #**_____

Please complete the following new additions to the form

To identify myself to potential clients, I identify as:

☐ **Male** ☐ **Female** ☐ **Non-binary** ☐ **Gender-neutral** ☐ **Other** _____

☐ **Not specified** ***(to be used if no other response given).***

☐ **Yes, I wish to self-identify as member of a diverse group for purposes of treatment.** _____

☐ **Yes, I will direct bill to insurance companies. I only direct bill to:** _____

PROBLEM AREAS

☐ Abuse
☐ Adoption Issues
☐ Anger Management
☐ Anxiety
☐ Assertiveness / Social Skills
☐ Attachment Issues
☐ Attention Problems / ADHD
☐ Autism Spectrum Disorder
☐ Behaviour Problems
☐ Blended / Step Family Issues
☐ Body Image Issues
☐ Brain Injury
☐ Bullying / Harassment
☐ Burnout
☐ Career Change
☐ Caregiver Stress
☐ Conflict Resolution
☐ Developmental Disabilities
☐ Depression
☐ Eating Disorders
☐ FASD
☐ Gambling
☐ Gender Identity
☐ Gifted Children
☐ Grief / Loss / Bereavement
☐ Health Issues
☐ Hoarding
☐ Internet / Gambling
☐ Learning Disabilities
☐ Mood Disorders
☐ Obsessive-Compulsive Disorder
☐ Pain Management
☐ Panic Disorder
☐ Parenting Issues
☐ Personal Growth / Wellness
☐ Personality Disorders
☐ Phobias
☐ Relationship Issues
☐ Retirement
☐ Self Esteem
☐ Separation / Divorce
☐ Sexual Issues
☐ Sleep Disorders / Problems
☐ Stress Management
☐ Substance Use
☐ Trauma / PTSD
☐ Violence
☐ Workplace issues

OTHER

☐ Consultations
☐ Insurance Issues
☐ Referrals: Court, Legal, or Litigation
☐ Telepsychology
☐ Workshops
☐ Groups

LANGUAGES (other than English)

_____

ASSESSMENT SERVICES

☐ ADHD Child /Adolescent
☐ ADHD Adult
☐ Adult Capacity /Decision-making
☐ Behavioural / Emotional
☐ Career / Vocational
☐ Custody / Access
☐ Developmental Disabilities
☐ Learning Disabilities
☐ Intelligence / Cognitive
☐ Neuropsychological
☐ Pain
☐ Parental Capacity
☐ Parental Alienation
☐ Psychological
☐ Psychoeducational
☐ PTSD

SPECIALIZED AREAS of PRACTICE

☐ Addictions
☐ Clinical
☐ Counselling
☐ Forensics
☐ Health Psychology
☐ I/O Psychology
☐ Neuropsychology
☐ Rehabilitation
☐ Sex Offenders
☐ School / Education
☐ Sports Psychology

METHODOLOGY

☐ ACT
☐ CBT
☐ CPT
☐ DBT
☐ EMDR
☐ EFT
☐ EFCT
☐ ISTDP
☐ Family Therapy
☐ Humanistic / Person-centred
☐ Hypnosis
☐ Interpersonal
☐ Mindfulness-based
☐ Motivational
☐ Play Therapy
☐ Positive Psychology
☐ Psychodynamic
☐ Relapse Prevention
☐ Solution-focused

POPULATIONS

☐ Child < 5
☐ Child 5-12
☐ Adolescent 13-15
☐ Adolescent 16-18
☐ Adult ≥19
☐ Aged ≥65
☐ Family
☐ Couple
☐ LGBTQ2

PROFILE

Please send your profile (max 200 wds) by e-mail apns@apns.ca.
Please consider including:

- ***Approach to working with clients***
- ***Specialized areas***
- ***Unique training***
- ***Highlighted skills***

NSBEP has asked us to refer you to the publication *Communication by Registrants* when completing this form &writing your profile. Visit:
http://www.nsbep.org/downloads/communication.pdf