

Enrichment Programs
for Families and
Professionals



Association of Professionals Application

Contact Information

Company Name _____

Profession/Business Type _____

Mr. Ms. Dr.

Contact Name _____ Title _____

Office Address Street _____

City _____ State _____ Zip _____

Office Phone _____ Cell Phone _____

Email _____ Web Site _____

Practice/Mission/Vision Statement (provide information about your practice/business methods or philosophy, your unique strengths) (Maximum of 1250 characters, please)

Practice or Business Specialties and/or Services

- Services 1 _____
- Services 2 _____
- Services 3 _____
- Services 4 _____
- Services 5 _____
- Services 6 _____
- Services 7 _____
- Services 8 _____
- Services 9 _____
- Services 10 _____

Professional Degrees, Credentials, Certifications, Licenses (staff and/or organization)

- Credentials 1 _____
- Credentials 2 _____
- Credentials 3 _____
- Credentials 4 _____
- Credentials 5 _____
- Credentials 6 _____
- Credentials 7 _____
- Credentials 8 _____
- Credentials 9 _____
- Credentials 10 _____

Affiliations, Memberships (staff and/or organization)

- Affiliations 1 _____
- Affiliations 2 _____
- Affiliations 3 _____
- Affiliations 4 _____
- Affiliations 5 _____
- Affiliations 6 _____
- Affiliations 7 _____
- Affiliations 8 _____
- Affiliations 9 _____
- Affiliations 10 _____

In Practice/Business Since _____

About the Organization or Business or Personal Bio for individuals (Maximum of 1250 characters, please)

Accepts Credit Cards Yes No

Accepts the Following Insurance Plans _____

Client Ages Served _____

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