**Areas of Specialty for Private Practice Application Form**

**Name:**

**Date:**

***Please fill out a separate row for every specialty area you have chosen; add more rows if needed.
It is okay to repeat information if applicable to multiple specialties.***

| **Area(s) of Specialty** | **Please list models of practice, approaches or theories that you are trained in.** | **Please list workshops, seminars and training related to this practice specialty area.** | **Please describe your work****experiences in this specialty area.** | **Please tell us about your supervision in this specialty area. Please specify type of supervision.**  | **Please list any certifications in this practice area.** |
| --- | --- | --- | --- | --- | --- |
| *Please refer to areas of specialty checklist.* |  | *Please add year(s) you received the education and the length of the education. You may choose to attach your up-to-date professional development record from the NSCSW record.* |  | *e.g. clinical supervision, case consultation, peer supervision, team meetings, group supervision, candidacy supervision, student placement supervision, other* |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

*Please add as many rows/pages as you need to complete the form.*