**Specialty Area Checklist for Private Practice**

Name:

Date:

Please check off all areas of practice specialty. Specialties approved by the Board of Examiners will be noted in your NSCSW file and included in the online member registry.

**[ ]  Addictions Therapy**

* [ ]  Child & Adolescent
* [ ]  Adult
* [ ]  Senior

**[ ]  Adoption**

**[ ]  Assessments** (check all that apply)

* [ ]  Addictions
* [ ]  Capacity to make decisions
* [ ]  Custody access & maintenance
* [ ]  Mental health
* [ ]  Parental capacity
* [ ]  Psychosocial
* [ ]  Home/family study
* [ ]  Other

**[ ]  Attachment**

**[ ]  Bereavement**

**[ ]  Caregiver Support**

**[ ]  Consulting (i.e. program development, policy development)**

**[ ]  Community Development**

**[ ]  Cultural Health and Wellness**

**[ ]  Emergency Mental Health and Crisis**

**[ ]  Emotional Regulation (i.e anger management, stress management)**

**[ ]  Grief and Loss**

**[ ]  Health Social Work** (check all that apply)

* [ ]  Acute health issues
* [ ]  Adjustment
* [ ]  Chronic health issues
* [ ]  (Dis)Ability
* [ ]  Health & wellness
* [ ]  Rehabilitation
* [ ]  Return to work
* [ ]  Palliative care
* [ ]  End of life care
* [ ]  Other

**[ ]  LGBTQQ2SIA Health**

**[ ]  Life Transitions**

* [ ]  Coping with life stressors (i.e divorce, separation, new child, moving, marriage, death, illness, career related stress, school transitions, relationship issues, etc.)
* [ ]  Skill development (i.e problem solving, conflict resolution, communication skills, social skills, study skills, strength building etc.)
* [ ]  Other

**[ ]  Mediation**

**[ ]  Mental Health** (check all that apply**)**

* [ ]  Infant mental health
* [ ]  Child mental health
* [ ]  Adolescent mental health
* [ ]  Adult mental health
* [ ]  Senior mental health

**[ ]  Parenting Support**

**[ ]  Research**

**[ ]  Supervision**

**[ ]  Therapy** (check all that apply)

* [ ]  Couples therapy
* [ ]  Family therapy
* [ ]  Group therapy
* [ ]  Individual therapy

**[ ]  Trauma Therapy**

* Identify specialized area:

**[ ]  Workshop Facilitation**

**[ ]  Other (please specify):**

**Models of Practice**

Please list below all the models of practice that you have competency in and would like to have listed on the website (e.g. Afrocentric, Solution Focused Therapy, Motivational Interviewing, Cognitive Behavioral Therapy, EMDR, Acceptance and Commitment Therapy, Narrative Therapy, Systems Therapy, etc.).

If you do not want to list any models of practice, please leave this area blank.