



REFERRAL QUESTIONNAIRE

In an effort to offer our officers the best possible care, we request you complete the following questionnaire to assure you have the qualifications and experience to be considered for our National database of counselors.

Thank You for your interest in our organization, we will contact you shortly after receiving your information.

Stephanie Samuels, Founder

CONTACT INFORMATION

Counselor Name:

Email:

Office Phone:

Other Phone:

QUESTIONS

Do you currently, or have you in the past, conducted evaluations for any law enforcement agency to include hiring, termination, demotions, fit for duty or promotions? YES NO

If Yes, please explain and indicate if it's "Statewide" or localized.

Does **anyone** in your practice, currently, or have in the past, conducted evaluations for any law enforcement agency to include hiring, termination, demotions, fit for duty or promotions? YES NO

If Yes, please explain and indicate if it's "Statewide" or localized.



REFERRAL QUESTIONNAIRE

Do you currently belong to any professional networks? YES NO

If Yes, please list all of them.

Are there any insurance companies that **DO NOT** acknowledge your license? YES NO

If Yes, please explain why.

Are you licensed by any specific organization / division? YES NO

If Yes, please list. (Board of Social Work, Board of Medicine, Board of Psychologist, etc.)

Do you have a specialty that we may include in our database? (PTSD, Couples, Bereavement, etc.)

YES NO

If Yes, please list. (Board of Social Work, Board of Medicine, Board of Psychologist, etc.)

Is there a specific issue that you are **NOT** comfortable be referred? YES NO

If Yes, please list.



REFERRAL QUESTIONNAIRE

Are you part of a group? YES NO

If Yes, please indicate if there is a specific person that we should contact within your group to refer the caller to that will assess their needs. (Include name and telephone number with extension if applicable)

Do you expect anything in particular from the hotline? YES NO

If Yes, please explain.

Would you be interested in volunteering as a listener on the line or take a rotation on a backup pager if needed? YES NO

Do you have any special qualifications or experience working with law enforcement and their families?
 YES NO

If Yes, please explain.



REFERRAL QUESTIONNAIRE

Have you ever participated in a ride-along with a law enforcement officer? YES NO

If Yes, please indicate which department and indicate what you learned from the experience.

Would you be willing to participate with a ride-along with an officer? YES NO

If No, please explain.

Thank You for your time and cooperation.

Click the below icon "**EMAIL TO COPLINE**" if you would like to email the completed document to Stephanie Samuels.
Please attach a copy of your resume or CV, current license and insurance policy.

NOTE: Adobe will request permission to open your default email client and attach the completed document.