

NAME: LASTNAME FIRSTNAME MAIDEN	EIN/SS NUMBER - -
ADDRESS	HOME# ( ) -
	WORK# ( ) -
REFERRED BY:	BEEP # ( ) -
	E-MAIL

YOUR BUSINESS TYPE (please circle one): Corporation • Partnership • Sole Proprietorship • Individual • Other \_\_\_\_\_

**EDUCATION** List all educational degrees & training you have received (List high school if no college).

Degree	Major	School Name & Address	Graduated	Yr
1 _____	_____	_____	Y \ N	____
2 _____	_____	_____	Y \ N	____
3 _____	_____	_____	Y \ N	____

**CERTIFICATIONS \ LICENSES:**

1 \_\_\_\_\_  
 2 \_\_\_\_\_  
 3 \_\_\_\_\_

**Professional Liability Insurance:**

Circle one: **CURRENTLY HAVE** / **DO NOT HAVE**

**Your Availability for KFS, Inc.:**

Date available \_\_\_\_\_ Rate Desired \_\_\_\_\_

**Generally:** (Circle at least one)

Days \ Evenings \ Weekends

**Detailed Availability:**

(describe your detailed availability below.)

Are you interested in a full time position  
 (or job change if you're already working):

**YES / NO**

If yes, at what salary range ⇨

Use the number codes to rate your experience:

0=No Exp, 1=Minimal Exp., 2=Moderate Exp, 3=Strong Exp

1) POPULATION EXPERIENCE (Circle one number)

Adolescent	0	1	2	3
Adult	0	1	2	3
Geriatric	0	1	2	3
Pediatric	0	1	2	3
Psychiatric	0	1	2	3
Mental Retardation	0	1	2	3
Mental Health	0	1	2	3
Physically Disabled	0	1	2	3
Court Adjudicated	0	1	2	3
Autism	0	1	2	3
Special Education	0	1	2	3

2) FACILITY TYPE EXPERIENCE (Circle one number)

Hospital	0	1	2	3
Inpatient	0	1	2	3
Outpatient	0	1	2	3
Community Centers	0	1	2	3
Nursing Homes	0	1	2	3
Partial Day Hospitals	0	1	2	3
Residential	0	1	2	3
Hospital Rehab	0	1	2	3
Detox /Methadone clinic	0	1	2	3
Schools	0	1	2	3
SCOH / Foster Care	0	1	2	3

List last 2 job titles / descriptions:

1 \_\_\_\_\_  
 2 \_\_\_\_\_

1) Have you had a Child Abuse Clearance:  
 date cleared: \_\_\_\_\_

**YES / NO**

2) Have you had a Criminal Records Check:  
 date check: \_\_\_\_\_

**YES / NO**

3) Have you done Intake Assessment:

**YES / NO**

4) Do you have working knowledge of the regulations in  
 your field:

**YES / NO**

5) Have you done Vocational Counseling:

**YES / NO**

**OTHER QUESTIONS:**

- |  |                 |   |                 |
|--|-----------------|---|-----------------|
| 6) Do you know OBRA regulations:   | <b>YES / NO</b> | 14) Do you have management experience:        | <b>YES / NO</b> |
| 7) Familiar with MDS paperwork   | <b>YES / NO</b> | 15) Would you like to do consulting:          | <b>YES / NO</b> |
| 8) Have you ever prepared for an Inspection:<br>(ex. State, Federal or Joint Commission) | <b>YES / NO</b> | 16) Do you have Oncology experience:          | <b>YES / NO</b> |
| 9) Have you worked with the HIV population:  | <b>YES / NO</b> | 17) Have you done UR in a clinical facility:  | <b>YES / NO</b> |
| 10) Have you worked with an Employee Assistance<br>Program (EAP):                        | <b>YES / NO</b> | 18) Have you done UR in a managed care org:   | <b>YES / NO</b> |
| 11) Do you know sign language:   | <b>YES / NO</b> | 19) Have you done QA at a managed care org:   | <b>YES / NO</b> |
| 12) Can you speak Spanish:   | <b>YES / NO</b> | 20) Have you done QA at a clinical facility:  | <b>YES / NO</b> |
| 13) Do you have teaching experience:   | <b>YES / NO</b> | 21) Can you do Case Mgmt / Discharge Planning | <b>YES / NO</b> |

**Professional Profile:**

follow the instructions below

1. Go to the job blocks that correspond with your professional experience.

2. For questions preceded by the number sign,#, use the number code to rate your ability. ( 0=No Exp., 1=Minimal Exp, 2=Moderate Exp, 3=Strong Exp)

**RECREATION SPECIALIST :**

\_\_\_\_: Recreation Therapy  
 \_\_\_\_: Physical Disability  
 \_\_\_\_: Physical Education  
 \_\_\_\_: Activities Therapy  
 \_\_\_\_: Education  
 \_\_\_\_: Recreation Aide (nondegreed)

Years Experience \_\_\_\_\_

**CREATIVE ARTS THERAPY:**

\_\_\_\_: Movement  
 \_\_\_\_: Music (what Instrument)  
 \_\_\_\_: Dance  
 \_\_\_\_: Art

# \_\_\_\_ Assessment Ability  
 # \_\_\_\_ Psychiatric Evaluations  
 # \_\_\_\_ Psychotherapy  
 # \_\_\_\_ Family Therapy  
 Years Experienced \_\_\_\_\_

**SUBSTANCE ABUSE :**

\_\_\_\_: Counselors  
 \_\_\_\_: Therapist  
 \_\_\_\_: MICA  
 # \_\_\_\_: Drug  
 # \_\_\_\_ Alcohol  
 # \_\_\_\_ One to One Counseling / Thrpy  
 # \_\_\_\_ Group Counseling / Thrpy  
 # \_\_\_\_ 12 Step Familiarity  
 # \_\_\_\_ Disease Model Familiarity

Years Experience \_\_\_\_\_

**SOCIAL WORK :**

\_\_\_\_: Clinical SW  
 \_\_\_\_: Medical SW  
 # \_\_\_\_ Individual Therapy  
 # \_\_\_\_ Family Therapy  
 # \_\_\_\_ Group Therapy  
 # \_\_\_\_ Case Management  
 # \_\_\_\_ Discharge Planning  
 # \_\_\_\_ Private Practice  
 # \_\_\_\_ Treatment Plan Development  
 # \_\_\_\_ Diagnostic Asses. or Testing

Years Experience \_\_\_\_\_

**PSYCHOLOGY :**

\_\_\_\_: Psychologist  
 \_\_\_\_: Clinical Psychologist  
 \_\_\_\_: M/H Counselor  
 \_\_\_\_: Private Practice  
 # \_\_\_\_ Individual Therapy  
 # \_\_\_\_ Group Psycho-Therapy  
 # \_\_\_\_ Diagnostic Asses. or Testing  
 # \_\_\_\_ Supervised others  
 # \_\_\_\_ Professional Development  
 # \_\_\_\_ Clinical Consultation

Years Experience \_\_\_\_\_

**HUMAN SERVICES :**

# \_\_\_\_ Private Practice  
 # \_\_\_\_ Individual Therapy  
 # \_\_\_\_ Family Therapy  
 # \_\_\_\_ Group Therapy  
 # \_\_\_\_ Case Management  
 # \_\_\_\_ Treatment Plan Development  
 # \_\_\_\_ Diagnostic Asses. or Testing

Years Experience \_\_\_\_\_

**MANAGED CARE:**

\_\_\_\_: Counseling  
 \_\_\_\_: Individual Therapy  
 \_\_\_\_: Group Therapy  
 \_\_\_\_: InPatient Care Mgmt  
 \_\_\_\_: OutPatient Care Mgmt  
 \_\_\_\_: EAP  
 \_\_\_\_: Triage  
 \_\_\_\_: Care Manager  
 \_\_\_\_: Utilization Review  
 \_\_\_\_: Data Entry

**PSYCHIATRIC TECH / AIDE :**

\_\_\_\_: Technician  
 \_\_\_\_: Aide  
 \_\_\_\_: Certified  
 # \_\_\_\_ Charting / Documenting Exp  
 # \_\_\_\_ Group Running Exp  
 # \_\_\_\_ Wheel Chair Trained  
 # \_\_\_\_ Physical Restraint Experience

Years Experience \_\_\_\_\_

**PROFESSIONAL HISTORY**

List below your most recent history starting with the most recent first.

Date Month and Year	Name and Address of Employer	Salary	Position	Reason for Leaving

**CONTRACTING HISTORY**

List below other contracting or temporary agency work you have done.

Date Month and Year	Name and Address of Agency	Location of Work	Rate	Position

**PROFESSIONAL REFERENCES (Requires at least 3)**

When KFS, Inc. is attempting to staff you at a facility it is common for the facility to inquire about your previous work experience. Please help us develop your profile by supplying the requested information about the facilities you have listed on your resume or application. Thank You.

Facility Name	Direct Supervisor & Title*	Phone Number

\* At least supply the name of someone at the facility who can give KFS, Inc., a professional reference on you.

# PROFESSIONAL INFORMATION SURVEY

This information will better help us understand and service the professionals that contract through KFS, Inc..

<p><b>HOW TO COMPLETE:</b> → → →</p> <p>If for example last year you spent 80% of your time seeing patients in your own private practice and you worked 20% of your time with other staffing agencies to supplement your income you would put 80% in the private practice category and 20% in the Agencies/Brokers category.</p>	"HOW YOU SPEND YOUR WORK TIME"		
	Current Year*	Previous Year	
	% of Work Time Spent:		
	Private Practice		
	Full-Time Employment		
	Part-Time Employment		
	Independent Contractor		
	Staffing Agencies/ Brokers		
	Total Work Time	100%	100%

\* For current year please estimate your anticipated sources of income.

What type of professional listings do you maintain (yellow pages, professional associations, professional directories) *Can you provide a copy of this or instruct us where we can get it (if yes please do).* Yes / No

Describe your sole practice or other independent business activities such as consulting, private practice, training, et cetera. Also describe other groups/organizations that you have contracts with to provide services to (no names are necessary). *Can you provide a business card, letterhead or other material showing your business activity(if yes please do).* Yes / No

What type of courses, professional education or continuing education have you taken and paid for in the past twelve months. Also include any other types of investments you have made in your professional career:

Do you have a business address or what number do you take business calls from, please explain:

In Case of  
Emergency Notify \_\_\_\_\_  
Name Address Phone #

Have any professional liability claims been made against you in the past five years?(    YES /    NO) If yes, explain: \_\_\_\_\_

Have you ever been convicted of a crime (    YES /    NO) If yes, explain: \_\_\_\_\_

I consent to the release, to any person of Kaleidoscope Family Solutions, Inc. (KFS) of all information that may be relevant to an evaluation of my professional qualifications, including competence, ethics and other qualifications. I release KFS and their employees and agents from any liability for their acts performed in good faith and without malice in obtaining information and evaluating my application. I understand and agree that my relationship with KFS is as a self-employed independent contractor and that my completion of this application is in no way a guarantee of any amount or specific type of work.

Signature: \_\_\_\_\_ DATE \_\_\_\_\_