



**1040 Vestal Parkway East  
Vestal, NY 13580**

Prospective Coaches,

Thank you for your interest in possibly joining the Bree Health Coaching Network. **Bree Health, LLC** offers phone and video counseling to our clients through our online Bree Health platform.

Please feel free to contact us with any questions that you may have. Please send in the completed application along with a copy of your professional coaching certificate, liability insurance, and a completed W9. Please note that if you have a group practice (with several coaches), and billing as such, you will need to complete one application for each coach.

We look forward to working with you in the future.

Sincerely,  
The Bree Health Coaching Team

**Carla Harrelson**  
Provider Relations Coordinator  
[charrelson@eniweb.com](mailto:charrelson@eniweb.com)



## COACHING APPLICATION

### GENERAL INFORMATION

Name of Organization or person to which payment should be made

Please provide your Tax ID / S S N#

### CONTACT INFORMATION

Name of person to contact when making referrals

Phone number for referrals

Professional phone number to be given to clients

Email for referrals (internal use only)

Mailing Address (for payment)

Apartment/Unit #

City

State

ZIP

CONTINUE ON NEXT PAGE

## LICENSURE

Please list all professional coaching certifications:

***Please be sure to submit a copy of all listed coaching certifications & insurance with this application***

## COACHING SPECIALTIES:

**Please check all that apply:**

<input type="checkbox"/> Anxiety	<input type="checkbox"/> Developmental Disorders	<input type="checkbox"/> Stress management
<input type="checkbox"/> Depression	<input type="checkbox"/> Disability	<input type="checkbox"/> Career counseling
<input type="checkbox"/> ADHD	<input type="checkbox"/> Infertility	<input type="checkbox"/> Spiritual counseling
<input type="checkbox"/> Eating disorders	<input type="checkbox"/> Pregnancy / prenatal / postpartum	<input type="checkbox"/> Multicultural/ Diverse
<input type="checkbox"/> Trauma	<input type="checkbox"/> Marital/Relationships	<input type="checkbox"/> Life Coaching
<input type="checkbox"/> Addiction	<input type="checkbox"/> Anger management	
<input type="checkbox"/> Alcohol & substance use	<input type="checkbox"/> Family conflict	
<input type="checkbox"/> Personality disorders	<input type="checkbox"/> Grief	
<input type="checkbox"/> Mood disorders	<input type="checkbox"/> Domestic violence / abuse	
<input type="checkbox"/> OCD and Impulse control disorders	<input type="checkbox"/> LGBTQ+	
<input type="checkbox"/> Sleep disorders	<input type="checkbox"/> Sexuality	
<input type="checkbox"/> Learning disorders	<input type="checkbox"/> Parenting	
<input type="checkbox"/> Dissociative disorders	<input type="checkbox"/> Divorce	
<input type="checkbox"/> Neurocognitive disorders	<input type="checkbox"/> Life transitions	

## METHODOLOGY LIST (choose up to 5)

<input type="checkbox"/> Acceptance and commitment therapy (ACT)	<input type="checkbox"/> Gestalt	<input type="checkbox"/> Motivational interviewing (MI)
<input type="checkbox"/> Adlerian	<input type="checkbox"/> Gottman method	<input type="checkbox"/> Mindfulness-based (MBCT)
<input type="checkbox"/> Accelerated experiential dynamic psychotherapy (AEDP)	<input type="checkbox"/> Humanistic	<input type="checkbox"/> Jungian
<input type="checkbox"/> Applied behavioral analysis	<input type="checkbox"/> Trauma-focused	<input type="checkbox"/> Interpersonal
<input type="checkbox"/> Art therapy	<input type="checkbox"/> Transpersonal	<input type="checkbox"/> Internal family systems
<input type="checkbox"/> Attachment-based	<input type="checkbox"/> Structural family therapy	<input type="checkbox"/> Integrative/holistic
<input type="checkbox"/> Biofeedback	<input type="checkbox"/> Strengths-based	<input type="checkbox"/> Life Coaching
<input type="checkbox"/> Brain spotting	<input type="checkbox"/> Somatic	<input type="checkbox"/> Executive Coaching
<input type="checkbox"/> Bibliotherapy	<input type="checkbox"/> Solution-focused brief therapy (SFBT)	<input type="checkbox"/> Strengths-based Coaching
<input type="checkbox"/> Christian Counseling	<input type="checkbox"/> Schema therapy	<input type="checkbox"/> Skills-based coaching
<input type="checkbox"/> Cognitive behavioral therapy (CBT)	<input type="checkbox"/> Relational	<input type="checkbox"/> Career Coaching
<input type="checkbox"/> Cognitive processing therapy	<input type="checkbox"/> Reality therapy	<input type="checkbox"/> Relationship Coaching
<input type="checkbox"/> Marriage and family therapy	<input type="checkbox"/> Rational emotive behavior therapy (REBT)	<input type="checkbox"/> Leadership Coaching
<input type="checkbox"/> IMAGO	<input type="checkbox"/> Psychodynamic	<input type="checkbox"/> Organizational coaching
<input type="checkbox"/> Dialectical behavioral therapy (DBT)	<input type="checkbox"/> Psychoanalysis	<input type="checkbox"/> Business Coaching
<input type="checkbox"/> Compassion focused therapy	<input type="checkbox"/> Positive Psychology	<input type="checkbox"/> Performance Coaching
<input type="checkbox"/> Eclectic	<input type="checkbox"/> Person-centered	<input type="checkbox"/> Developmental coaching
<input type="checkbox"/> Eye Movement Desensitization and Reprocessing (EMDR)	<input type="checkbox"/> Play therapy	<input type="checkbox"/> Team/group coaching
<input type="checkbox"/> Emotionally focused	<input type="checkbox"/> Prolonged exposure therapy	
<input type="checkbox"/> Existential	<input type="checkbox"/> Patient-child interaction (PCIT)	
<input type="checkbox"/> Experiential therapy	<input type="checkbox"/> Neurofeedback	
<input type="checkbox"/> Exposure Response prevention (ERP)	<input type="checkbox"/> Neuro-linguistic programming (NLP)	
<input type="checkbox"/> Family systems	<input type="checkbox"/> Narrative	
<input type="checkbox"/> Feminist	<input type="checkbox"/> Multicultural	

How many years of coaching experience do you have?
Coaching professional references:
Website/Social Media for your coaching practice:

PROVIDER PROFILE TEMPLATE
<b>Please submit a picture for your profile along with your application*</b>
Name:
Race/Ethnicity:
Gender:
Pronouns:
Languages:
Religion (optional):
Age groups (children (5 years and under, 6-8 years old, 9-12 years old), adolescents (13-15 years old, 16-18 years old), and/or adults):
Level of Care (individual and/or couples):
Licenses/Certifications (number, type/name, date of issue, expiration date):
Bio: (please include a brief description of yourself highlighting your education/how long you have been practicing, therapeutic approaches you have experience using, your goals as a provider, and anything else that you think would be helpful for a client to know about you)

APPLICANT ATTESTATIONS		
1. Has a licensing/certification board in any U.S. or foreign jurisdiction taken any disciplinary action against you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Are you the subject of pending disciplinary actions by a licensing/certification board in any U.S. or foreign jurisdiction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Have you ever voluntarily surrendered or resigned a professional certification/license to a licensing/certification board in any U.S. or foreign jurisdiction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Have you ever applied for and been denied a professional certification/license in any U.S. or foreign jurisdiction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Have you ever admitted to or been convicted of a felony or misdemeanor in any U.S. or foreign jurisdiction, other than a traffic violation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b><i>Please state the details of any YES answer on a separate sheet, and attach the explanation to this application</i></b>		

**PRINT NAME:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_



### PARTICIPATION STATEMENT

I fully understand that if any matter stated in this application is or becomes false, Bree Health, LLC will be entitled to terminate my coaching agreement for breach. All information submitted by me in this application is warranted to be true, correct, and complete.

I authorize Bree Health, LLC and/or its Credentials Verification Organization (CVO) to consult with specialty boards, malpractice insurance carriers, professional references, and any other person or entity from whom/which information may be needed to complete the credentialing process or obtain and verify information concerning my membership, professional competence, character, and moral and ethical qualifications, and I also authorize all of them to release such information to Bree Health, LLC and/or its CVO. I release Bree Health, LLC and its employees and/or its CVO and all those whom Bree Health, LLC and/or its CVO contacts from any and all liability for their acts performed in good faith and without malice in obtaining and verifying such information and in evaluating my application.

I consent to the release by any person to Bree Health, LLC and/or its CVO of all information that may reasonably be relevant to an evaluation of my professional competency, character, and moral ethical qualification, including any information relating to any disciplinary action or suspension or curtailment of privileges, and hereby release any such person providing such information from any and all liability for doing so.

\_\_\_\_\_  
Signature of Applicant

Date (mm/dd/yy): \_\_\_\_\_

\_\_\_\_\_  
Name (Please Print)

**RETURN COMPLETED APPLICATION TO:**

[charrelson@eniweb.com](mailto:charrelson@eniweb.com)

### REQUIRED DOCUMENTATION TO ACCOMPANY THIS APPLICATION

- ***COPY OF CURRENT COACHING CERTIFICATE***
- ***COPY OF CURRENT MALPRACTICE INSURANCE FACE SHEET***
- ***COPY OF ANY OTHER MENTIONED DOCUMENT OR CERTIFICATE***