



NUNATSIAVUT
kavamanga Government

Inosiagiaktotitsigasuannimi amma
Nunalinnik Pivalliatiksigasuannimi
Health and Social Development

NIHB Private Mental Health Counselling Provider Registration Application

Applicant Information

Provider Name: _____

Business Name: _____

Professional Designation: _____

Professional Registration: _____

Provider Contact Information: _____

Phone Number: _____

Email Address: _____

Mailing Address: _____

Practice Experience

Please list your clinical experience for the past five years, include any private work and working for organizations in a clinical capacity (please include the name of organization/practice and year of employment):

Identified Areas of Expertise and Practice

Please list your areas of expertise, include special populations and age groups that you are able to provide services to, and include certifications and specializations of clinical therapies:

[illegible]

Please describe your knowledge of Inuit history and intergenerational trauma, and connect how your services can be helpful to Nunatsiavut Beneficiaries:

[illegible]

Service Delivery Platforms

☐ In-person ☐ Video/Telehealth ☐ Telephone

References

Please attach a reference letter from an individual who (a) is providing clinical supervision to your now, or has in the past; **or** (b) has worked with you for more than three years in a clinical capacity **and**; (c) who is also a registered professional. If you are unable to provide a reference letter, please explain why:

Are you willing to be added to the Nunatsiavut Government’s list of private practitioners made public to Beneficiaries?

- ☐ Yes, including:
- ☐ No

Signature: _____ Date: _____

NG NIHB MH Office use Only:			
Date application received (YYYY-MM-DD)		Received by:	