



Revised
1/1/18

Application for Room Use at People House

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone – Home: _____ Work: _____

Cell: _____ E-mail: _____

Please indicate which number we can give to perspective clients: Home ___ Work ___ Cell ___

Business Name and Website (if available): _____

Credentials: _____

People House is open to all Healing Arts professionals who have certified training and appropriate documentation.

Type of Services you offer: _____

- Are you applying to:
- _____ (a) Provide individual counseling and/or facilitate group,
 - _____ (b) Facilitate classes /workshops: fee-based/free *Heart of Service*
 - _____ (c) Both counseling/groups and classes/workshops

Please give a brief description of the modalities/techniques or that you use during your work with clients or teaching in classes. _____

Experience doing this work previously: _____

If you will be providing Psychotherapy (*as defined by The Colorado Mental Health Statute, 7/08-see page 2*) please include copies of: your current professional resume, DORA registration, professional liability insurance and updated Mandatory Disclosure Statement. (*as outlined on page 2*).

- Professional Liability Insurance is not available for my profession.
- My profession is not required to register with DORA *

Give 2 Professional Referrals: _____

Name	Phone number
Name	Phone number

I have thoroughly read and understand the People House Professional Participation Levels & I wish to become

	Core Practitioner - \$425/Annually
	Adjunct Practitioner - \$200/Annually
	Visiting Practitioner - \$100/Annually
	Circle of Support Member – HoS facilitator
	Active Minister

Have you used space at People House in the past? Yes No
If yes, when? _____ If no, how did you hear about People House? _____

Have you ever been convicted of a felony? Yes No (If yes, please explain on a separate sheet of paper.)

By signing below, a) I attest that: the above information accurately portrays my credentials; b) I understand that I may not use the People House logo on my materials; however I can use the name People House as part of my geographic address.

Applicant _____ Date _____



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12-43-201. Definitions "Psychotherapy" means the treatment, diagnosis, testing, assessment, or counseling in a professional relationship to assist individuals or groups to alleviate mental disorders, understand unconscious or conscious motivation, resolve emotional, relationship, or attitudinal conflicts, or modify behaviors which interfere with effective emotional, social, or intellectual functioning. Psychotherapy follows a planned procedure of intervention which takes place on a regular basis, over a period of time, or in the cases of testing, assessment, and brief psychotherapy, it can be a single intervention. It is the intent of the general assembly that the definition of psychotherapy as used in this part 2 be interpreted in its narrowest sense to regulate only those persons who clearly fall within the definition set forth in this subsection (9).

12-43-214. Mandatory disclosure of information to clients.

(1) Except as otherwise provided in subsection (4) of this section, every unlicensed psychotherapist, licensee, certificate holder, or registrant shall provide the following information in writing to each client during the initial client contact:

(a) The name, business address, and business phone number of the unlicensed psychotherapist, licensee, certificate holder, or registrant;

(b) A listing of any degrees, credentials, certifications, and licenses;

(c) A statement indicating that the practice of both licensed and unlicensed persons and certified or licensed school psychologists in the field of psychotherapy is regulated by the department of regulatory agencies and an address and telephone number for the grievance board; and

(d) A statement indicating that:

(1) A client is entitled to receive information about the methods of therapy, the techniques used, the duration of therapy, if known, and the fee structure;

(2) The client may seek a second opinion from another therapist or may terminate therapy at any time;

(3) In a professional relationship, sexual intimacy is never appropriate and should be reported to the director or the board that regulates, registers, certifies, or licenses such unlicensed psychotherapist, registrant, certificate holder, or licensee;

(4) The information provided by the client during therapy sessions is legally confidential in the case of licensed marriage and family therapists, social workers, professional counselors, psychologists, licensed or certified addiction counselors, and unlicensed psychotherapists, except as provided in section 12-43-218 and except for certain legal exceptions that will be identified by the licensee, registrant, certificate holder, or unlicensed psychotherapist should any such situation arise during therapy.

(5) If the client is a child who is consenting to mental health services pursuant to section 27-10-103, C.R.S., disclosure shall be made to the child. If the client is a child whose parent or legal guardian is consenting to mental health services, disclosure shall be made to the parent or legal guardian.

To get more information or download applications, contact:

DORA Office of Licensing—Mental Health Practitioners at www.dora.dls.state.co.us

Colorado Division of Regulations

1560 Broadway, Suite 1350

Denver, CO 80202

Phone 303-894-7800

www.dora.state.co.us/registations

In addition to the Mandatory disclosure of information to clients required by Dora, People House requests that you also add the following language to your disclosure form:

I rent office and/or workshop space at People House, which is neither my employer or agent. Neither People House Board Members, staff, nor any other practitioner, is in any way responsible for my services or activities.