

Please attach your resume. This application focuses on fit, judgment, work style, and availability.

1 | Applicant & Role

Full name

Phone

Email

Preferred name / pronouns (optional)

Desired start date

Role sought (check all that apply)

☐ LMFT

☐ LCSW

☐ LMHC

☐ LMSW

☐ MFT-LP

☐ MHC-LP

Preferred work arrangement

☐ In-person

☐ Hybrid

☐ Telehealth

Current NY license / permit type, number, and expiration date

Credentialing status

☐ Individual NPI

☐ CAQH profile

☐ Neither yet

2 | Availability & Caseload Fit

Desired weekly client-contact hours and ideal caseload after ramp-up

Earliest and latest times you can consistently see clients

Weekly availability (enter exact hours, e.g., 3:00-8:00 PM)

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

List any standing commitments that could affect evening or weekend availability

3 | Clinical Identity

Describe your clinical style in your own words. What would clients notice about working with you?

Which populations or presenting concerns are your strongest fit, and why?

Which populations or concerns are outside your current competence or comfort level? How would you respond to a referral in that area?

How do you balance warmth and validation with accountability and therapeutic challenge?

4 | Case Conceptualization

Briefly describe how you move from intake information to a treatment plan. What guides your priorities?

How do you evaluate whether therapy is progressing? What do you do when treatment feels stuck?

5 | Work Habits & Accountability

Describe your routine for completing notes accurately and within 24-48 hours, especially during a busy week.

Tell us about feedback that was difficult to hear. How did you respond, and what changed in your work?

How do you use supervision or consultation before, during, and after a challenging case?

What does being a dependable member of a group practice look like to you?

What systems help you manage scheduling, communication, follow-up tasks, and administrative deadlines?

Practical readiness

- | | |
|--|---|
| ☐ Private HIPAA-appropriate workspace | ☐ Reliable internet / telehealth setup |
| ☐ Comfortable learning an EHR | ☐ Can attend required meetings |
| ☐ Open to case consultation | ☐ Able to maintain professional boundaries |

6 | Practice Fit

Why Open-Minded Marriage & Family Therapy specifically? What about our practice aligns with your goals or values?

7 | Professional Disclosures

Have you ever been subject to any of the following?

- | | |
|--|--|
| ☐ License/permit discipline | ☐ Ethics complaint |
| ☐ Malpractice claim | ☐ Criminal conviction |
| ☐ None of the above | |

If you selected anything other than 'None,' briefly explain. An affirmative answer does not automatically disqualify you.

8 | References

Clinical reference 1: name, role/relationship, organization, phone, and email

Clinical reference 2: name, role/relationship, organization, phone, and email

9 | Anything Else

What support, training, or supervision helps you do your best clinical work?

Is there anything else you want us to understand about your candidacy that is not reflected on your resume?

Applicant Acknowledgement

I certify that the information provided is accurate and complete. I understand that this application does not create a contract or guarantee employment. I authorize Open-Minded Marriage & Family Therapy, PLLC to contact the references listed above and understand that any offer may be contingent upon credential and background verification.

Typed full name (electronic signature)

Date