

**Evergreen Behavioral Health Association (EBHA)
Independent Practice Association (IPA)**

Membership Application for LICENSED PROFESSIONALS

*There is a separate application for *Associate Individual Membership* for applicants who are not yet independently licensed in the State of Oregon, but who are under the supervision of a qualified, fully-licensed mental health practitioner who is a member of EBHA.

Please complete all fields to ensure timely processing of your application. All information will be kept confidential, except for your practice information in the box below. This information will be posted on the EBHA website.

Name:

Date of Birth:

NPI #:

LICENSURE AND LIABILITY INSURANCE:

Oregon license(s) type you bill under:

_CADC _LCSW _LPC _LMFT _PHYSICIAN _PMHNP _PSYCHOLOGIST _OTHER:

Oregon license number you bill under:

Expiration date:

Oregon license number you bill under:

Expiration date:

Liability insurance company (required):

Policy #:

Expiration Date:

PRACTICE:

*If you have more than one practice location, please either complete a separate application for each practice, or indicate information about your other practice location in the Comments section on the last page.

Type of practice: _Sole Proprietorship _Group Practice _Corporation _Other (Pls explain in Comments section on pg2)

Years in this practice:

Group or Corporation name (if applicable):

How do you bill insurance in this practice? _Only electronically _Only on paper _Both electronically & on paper _Do not bill insurance

The practice information in this box will be listed on the EBHA website unless you indicate otherwise.

Practice Address:

City: State: Zip: _Do not list on EBHA website

Office Phone: _Do not list on EBHA website

Fax: _Do not list on EBHA website

Cell Phone: _Do not list on EBHA website

Email Address: _Do not list on EBHA website

Website: _Do not list on EBHA website

Billing Address (if different from Practice Address):

City: State: Zip:

Billing contact person:

Phone: Fax:

Email Address:

MEMBERSHIP

Membership Type: (check one)

___ Regular Individual Membership: Applicant must hold a current professional license/ certification for independent practice, issued by an accredited licensing board in the state of Oregon.

___ Corporation/Group Membership: Applicants who work under a group or corporation, whose members bill under a single tax ID#, and hold a current professional license/ certification for independent practice issued by an accredited licensing board in the state of Oregon (all members must complete the entire application process).

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MEMBERSHIP FEE PAYMENT

EBHA Membership Fee per calendar year (check one): ___New membership: \$100.00. ___Renewal: \$100.00
Make check payable to EBHA IPA. Mail check and application to: EBHA IPA, PO Box 2538, Corvallis, OR 97330.

ATTESTATION:

I hereby agree that I will abide by the Code of Ethics of my professional licensing board, and agree to review by the Evergreen Behavioral Health Association (EBHA) Quality Assurance Committee, in accordance with the EBHA bylaws. I further agree to notify EBHA if I am ever not in good standing with my licensing board or if I am incapacitated or decide to cease providing independent services. I further understand that falsification of information, conviction of a felony, reprimand by a licensing board, or revocation of licensure may be grounds for rejection or termination of the EBHA membership and of any and all benefits resulting therefrom. I understand that my application for membership will be presented to the EBHA Board of Directors for final approval. I will receive notice of the Board’s decision within 60 days of submission, or notification of why this timeline is not met.

Signature: _____ Date: _____

If completing this electronically, print the completed form and sign the printed copy

Feel free to write any additional comments with regards to this application:

Thank you for your interest in partnering with EBHA toward the goal of improving the quality of Behavioral Healthcare in Oregon and the quality of our lives as Behavioral Healthcare Providers.