Date of last license/certification renewal: List any professional organization of which you are a member in good standing:

Do you currently carry malpractice insurance? Yes No \_

If you do not currently carry malpractice insurance, would you be willing to purchase it

to be a member of the ATW directory? Yes No Maybe \_ Have you ever had any malpractice claims filed against you as a practitioner?

Yes no \_

If the answer to the above question is yes, please provide date, details and resolution of the claim. How long have you had your current practice in Willits?

***FAX OR MAIL THIS FORM* and enclose the following information with your application to:**

***Avenues to Wellness, Howard Foundation, 3 Marcela Drive Suite A, Willits, CA 95490***

* Copy of current certification or license
* Copy of current face page of your malpractice insurance

Please contact Suzanne at 707-456-9676 or email [spicetti@howardfoundation.org](mailto:spicetti@howardfoundation.org) if you have any questions regarding the application or directory listing.

For office use only:

Date received: Date listed on website Contact made or message left By \_