



## INTEGRATIVE THERAPIST APPLICATION

*Application only for therapists who are not on the core Hospice team (Physical Therapist, Occupational Therapist, Speech Therapist and Dietitian).*

Applicant Name \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Can You Receive Calls at Work?:  Yes  No  Emergency Only

### PERSON TO BE NOTIFIED IN AN EMERGENCY

Name \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**I certify that I am a U.S. citizen, permanent resident or a foreign national with authorization to work in the United States?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**If you are under age 18, do you have an employment/age certificates?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**Have you been convicted of or pleaded no contest to a felony within the last five years?**

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

### INTEGRATIVE THERAPIST POSITION APPLYING FOR:

\_\_\_\_\_

### EDUCATION/SPECIAL TRAINING (Resume and CV Must be Attached):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### WORK EXPERIENCE (Please include in Resume and CV):

\_\_\_\_\_

\_\_\_\_\_

**WORK EXPERIENCE (CONTINUED):**

---

---

---

---

---

---

---

---

---

---

**LICENSURE. Please provide name and licensing organization for applied services for credentialing:**

---

---

**INSURANCE. Please provide provider name for credentialing (and bonding provider, if applicable):**

---

---

---

**TWO PERSONAL REFERENCES (excluding family members). Please provide a complete address, as references are verified by mail.**

Name \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Do you know a language other than English?: Yes No

Language \_\_\_\_\_ Speak Read Write

Language \_\_\_\_\_ Speak Read Write

Do you have access to transportation?: Yes No

**How did you hear about our Hospice Integrative Therapies Program?:**

---

---

**Why do you want to be a hospice therapist?:**

---

---

**DEATH AND DYING**

What are your thoughts and feelings about death?:

---

---

Have you ever been with someone at the time of their death? Yes No

If yes, please describe briefly:

---

---

Have you ever provided care to anyone who was dying? Yes No (If yes, please explain)

---

---

When thinking of your own death, what words best describe death to you?

I do not think about my own death sorrowful natural frightening painful

Lonely joyful heavy peaceful dark

Other: \_\_\_\_\_

Comments:

---

---

---

---

---

Integrative Therapist Signature

Date