Colorado Division of Registrations Office of Licensing—Registered Psychotherapist

1560 Broadway, Suite 1350 Denver, CO 80202 Phone: (303) 894-7800 FAX: (303) 894-7693

www.dora.state.co.us/registrations

APPLICATION FOR REGISTRATION—REGISTERED PSYCHOTHERAPIST

APPLICANT INSTRUCTIONS

Registered Psychotherapists Board Database (previously known as "Unlicensed Psychotherapists/Grievance Board Database"). All persons practicing psychotherapy in the State of Colorado are required to register their credentials in the database. Pursuant to Colorado Revised Statutes section 12-43-702.5, Registered Psychotherapists are required to register with the Registered Psychotherapists Board their name, current address, educational qualifications, current mandatory disclosure statement, therapeutic orientation or methodology (or both), and years of experience in each specialty area. Read the statutes carefully, especially C.R.S. 12-43-201 through 12-43-229 and C.R.S. 12-43-701 through 12-43-711. Information is available at www.dora.state.co.us/mental-health.

Individuals who currently provide psychotherapy services and are in the process of applying for licensure, or have applied for licensure and have not yet been granted a license, are required to be registered. Submission of a licensure application does not exclude the license applicant's responsibility to comply with the registration requirement.

In compliance with the Michael Skolnik Medical Transparency Act of 2010, registrants are required to complete an online Healthcare Professions Profile on our website at www.dora.state.co.us/hppp.

Exemptions. Pursuant to C.R.S. 12-43-215(8), employees of community mental health centers are exempted from the database registration requirement. More information is available at www.dora.state.co.us/mental-health/nlc/dbexemptions.htm.

About the Application. This application is to be completed by you and returned to the Office of Licensing. All questions on the application are mandatory, and all supporting documents must be submitted with the application. You may copy as many forms as needed; however, each form submitted must be completed in original ink or typed. Keep a copy of the completed application for your records.

Application Expiration. Your application will be kept on file for one (1) year from date of receipt in the Division. Your file and all supporting documentation will be purged if you do not submit required documents and complete your application process in one year. You will need to resubmit a new application packet and fee after that time.

Social Security Number is Required. Effective January 1, 2009, a Social Security Number is required for all registrants. The Division will consider an application to be incomplete when the applicant fails to submit his/her Social Security Number. Exceptions are made for foreign nationals not physically present in the United States and for non-immigrants in the United States on student visas who do not have a Social Security Number. These applicants must submit a signed Social Security Number Affidavit in lieu of a Social Security Number. You may call (303) 894-7800 to request that an affidavit be mailed to you.

Disclosure of Addresses. Consistent with Colorado law, all addresses and phone numbers on record with the Division are public record and must be provided to the public when requested. It is your responsibility to keep your address and contact information upto-date in our database. All letters, renewal notices, and registrations are mailed to the last known address of record. **If your address is not current, it is possible you will not receive important documents.** You can change your address online by using Registrations Online Services at www.doradls.state.co.us.

License Expiration Grace Period for New Applicants. All new applicants who are issued a registration within 120 days of the upcoming renewal expiration date will be issued a registration with the subsequent expiration date. For example, registrations issued between May 1, 2011 and August 31, 2011 will reflect a registration expiration date of August 31, 2013. Registrations issued prior to May 1, 2011 will reflect an expiration date of August 31, 2011 and must renew in the upcoming renewal period.

▶ All Registered Psychotherapist registrations expire on August 31 of odd-numbered years and must be renewed to continue practicing.

Checking Your Application Status. Visit Registrations Online Services at www.doradls.state.co.us to track your application from the date we log it in our database to the date your registration is printed. Please allow us enough time to receive the application through the mail and enter your application into our database before you check the website. We recommend waiting at least 10 business days from date of mailing before checking the status of your application.

APPLICANT CHECKLIST

To app	ly for a Registered Psychotherapist registration, you must submit:
	Completed application and supporting documentation if required . Return the completed application and all supporting documentation to the Office of Licensing.
	Non-refundable application processing fee. See page 1 of the application form for current fees. Fees may be paid by check or money order drawn in U.S. dollars on a U.S. bank and made payable to <i>State of Colorado</i> . All fees are non-refundable and subject to change every July 1.
	Documentation of any name change. If your name has changed since you obtained a previously-issued registration, or if your name is different on any of your supporting documentation, you must provide a copy of the legal document verifying the name change (i.e., marriage license, divorce decree, or court order).
	Completed Affidavit of Eligibility form (attached). Pursuant to C.R.S. 24-34-107, all applicants for licensure are required to complete and sign an Affidavit of Eligibility, and may also be required to provide a copy of a secure and verifiable document.
	Documentation of highest educational degree completed <u>and</u> a copy of the transcript or diploma which verifies receipt of that educational status.
	Completed Jurisprudence Exam. It is your responsibility to ensure that you use the most current version of the examination, which is available online at www.dora.state.co.us/mental-health/nlc/licensing.htm .
	Completed Mandatory Disclosure Statement. C.R.S. 12-43-214, mandatory disclosure of information to clients, has been required by law since July 1, 1988. This disclosure of information is viewed as significantly important in protecting the public from the unauthorized, unqualified, and improper application of psychotherapy. It is one of the few prohibited activities which is also an unlawful act (a class 3 misdemeanor offense). Attached for your convenience is a copy of a model disclosure statement provided to assist psychotherapists in meeting this statutory requirement. All psychotherapists must include a copy of their mandatory disclosure statement with their registration application.
	Brief statement/listing of therapeutic orientation, plus years experience. An attachment identifying the most recognized methods used by psychotherapists in Colorado is included as a guide. This is only a sample to assist you in defining orientation/methodology and is not an all-inclusive listing of psychotherapeutic methods.
	Completed Healthcare Professions Profile. In compliance with the Michael Skolnik Medical Transparency Act of 2010, you are required to complete an online profile on our website at www.dora.state.co.us/hppp . You cannot start your profile until the Division of Registrations receives your application and enters it into our database. Allow 10 days from the date your application was mailed before accessing the website. If you have questions or technical issues regarding your online profile, contact the Healthcare Professions Profiling Program at hppp@dora.state.co.us or (303) 894-5942.

Return your completed application packet and all supporting documentation to:

Division of Registrations

Office of Licensing—Registered Psychotherapist
1560 Broadway, Suite 1350
Denver, CO 80202



IMPORTANT NOTICE

TO: All Applicants

FROM: Rosemary McCool, Director, Division of Registrations

SUBJECT: Licensure and Criminal History

Thank you for your interest in becoming a licensed* professional within the Division of Registrations. Before you submit your application, please be aware of a few facts regarding criminal conduct, convictions, and disciplinary actions in other states.

The mission of the Division of Registrations is "public protection through effective licensure and enforcement." One way the Division safeguards consumers is by issuing licenses to fully qualified, competent, and ethical applicants.

During the licensing process – and depending on the specific application – the Division will ask whether you have ever been disciplined in any state, arrested, charged, convicted, or pled guilty to a crime. An arrest, subsequent criminal conviction, or disciplinary action is not an automatic disqualification from licensure. Instead, the appropriate board or program will look at the facts surrounding the criminal conduct and disciplinary action to determine whether you are fit for licensure. You should know that licensure is a privilege, not a right. One thing you must do to obtain the privilege is to be completely honest on your application.

Be sure to list all relevant complaints, disciplinary actions, arrests, charges, or convictions in response to the licensure questions. Failure to fully disclose could constitute grounds alone for denial of your application or revocation of your license. More important, avoid some of the common excuses we have heard from people who failed to disclose, such as:

- My attorney told me I didn't have to disclose the criminal conduct or disciplinary actions.
- I didn't think the prior conduct had anything to do with the profession.
- I didn't think the disciplinary action, arrest, charges, or conviction was still on my record.
- I didn't think it was subject to disclosure because I received a deferred sentence/judgment.

Remember, there is no excuse not to disclose disciplinary actions and criminal conduct. Even after licensure, you are still required to notify your professional licensing board or program about subsequent convictions and disciplinary actions in other states.

The Division conducts audits of its licensing database against several criminal and national disciplinary databases. This allows the Division to verify the truthfulness of your application and track subsequent criminal and disciplinary conduct after initial licensure. Keep in mind, you will not necessarily be revoked or denied a license if you have been disciplined, arrested, charged or convicted, but you will most likely be denied or revoked if you fail to disclose it.

*The word "license" is used as a general term. While most of the professions and occupations are licensed, others may be registered, certified, or listed. For precise terminology and requirements related to a profession or occupation, please consult the website of the appropriate board or program.



Phone 303.894.7800

V/TDD

711

Colorado Department of Regulatory Agencies
Division of Registrations
1560 Broadway, Suite 1350
Denver, CO 80202

Licensee/Applicant Full Legal Name

Last	=0 9	•	First	Middle	Suffix
	·		se/Certification/Registratio (if already lic cation/Registration type app	censed)	
		AFF	IDAVIT OF ELIGIBILIT	Y	
current Colorado license *The word "licensure" is used	e after January 1 I as a general term.	, 2007 are While most	LL applicants for original licer required to complete and sign of the professions and occupations a profession or occupation, please co	this Affidavit of Eligibility. are licensed, others may be cert	ified, registered, or
, 3.			WFUL PRESENCE in the Un		, 3
	zen. Check one	e of the ac	cceptable secure and verifiab d. Complete documentation r	le documents in Section E	
to be employed	d in the U.S. Ch	ieck <u>one</u> o	present in the U.S. and <u>authorize</u> of the acceptable secure and so ion requested. Complete doc	verifiable documents in S	ection B that
sec. 1621 (c)(2 a.	2)(a). Check one a U.S. citizen, n	option, a o	der 8 U.S.C. sec. 1621 (c)(2)(c) or b below, then skip to Section lly present or employed in the label by sically present or employed	n C. (Do not complete Secti United States.	
	Socti	on B: SE	CURE AND VERIFIABLE DO	CLIMENTS	
\$			this section if you checked		
Government Issued Identification	Name of state or federal age issued the do	ency that	Full name as shown on o		Expiration Date (mm/dd/yyyy)
Driver's license or permit Government issued					
ID card Valid U.S. military ID/common access card					
Colorado Department of Corrections inmate ID					
☐ Tribal ID card					
U.S. passport					
Certificate of Naturalization					

		Section B: SECURE	AND VERII IABLE D	SCOMEN 13 (CON	unaeaj	
		Name of state agency				Expiration
Go	vernment Issued	or federal agency that	Full name as sho		License/ID	Date
	Identification	issued the document	license or state/fe	deral issued ID	Number	(mm/dd/yyyy)
	Certificate of (U.S.) Citizenship					
	Valid Temporary Resident card					
	Valid I-94 issued by Canadian government					
	Valid I-94 with refugee/asylum stamp					
	Valid I-766 (Employ	ment Authorization Card)		Issuing federal a	igency:	
	Name	on card	Alien Number (A#)	Card Number	Valid from (mm/dd/yyyy)	Expires (mm/dd/yyyy)
П	Valid I-551 (Resider	nt Alien or Permanent Resid	lent Card)	Issuing federal a	igency:	
	valid 1 001 (Nesidel	it / illert of 1 citrialient (vesic	dent Gara)		,	T
	Name	on card	Alien Number (A#)	Country of birth	Card expires (mm/dd/yyyy)	Resident since (mm/dd/yyyy)
	Valid foreign passpo	ort with an unexpired visa w	ith proper classification	n for work authoriza	ation, and an unex	pired I-94
	0 1 1			Visa Class	· · · · · · · · · · · · · · · · · · ·	
	ssuing foreign country	Passport Number	Visa Number	(ex.: J-1, P-1, H-1B, etc.)	Date of entry (mm/dd/yyyy)	Until date (mm/dd/yyyy)
	•	•		,	, , , , , , , , , , , , , , , , , , , ,	
	Valid foreign passpo visa	ort bearing an unexpired "P	rocessed for I-551" sta	mp or with an attac	hed unexpired "Te	mporary I-551"
Issi	uing foreign country	/ :		Passport Number	er:	
			Section C: ATTESTA	TION		
			section C: ATTESTA	TION		
	commercial lice am lawfully pres	at this sworn statement is reense regulated by 8 U.S.C sent in the United States what to provide proof of lawful p	. sec. 1621. I understa nen asked as well as su	and that state law	requires me to pro	ovide proof that I
	are punishable	at in accordance with sect by law. I state under pena its are true and correct.				
	understand that	identified above and the in t under Colorado law, prov te, registration or permit.				
	I understand the and is subject to	at the above information moverification.	nust be disclosed to th	e Department of R	egulatory Agencie	es upon request
Prir	t Full Legal Name			<u> </u>		
Sign	nature (Full Name)			 Date		

Application for Registration REGISTERED PSYCHOTHERAPIST

Fee: \$160

This application must not be changed. If the content is changed, the applicant may be referred to the Colorado State Attorney General's Office for violation of Colorado law.

Fees may be paid by check or money order	r drawn in	U.S. dollars on a U.S. bank	k and	made payable to Sta	te of Colorado.
I am currently licensed/certified as a Cer ▶ If YES, provide documentation.	tified Don	nestic Violence Treatment	t Pro	vider. [YES NO
Р	ART 1—A	APPLICANT INFORMATIO	N		· •
Name: Last:	First:		Mide	dle:	Suffix:
Previous Name(s):	•				•
Social Security Number: *	Dat	e of Birth (mm/dd/yyyy):		Gender: Male] Female
Place of Birth (city and state, or foreign country):	-				
Mailing Address: PO Box, Stree This is a ☐ Home ☐ Business City, State, Z					
Daytime Telephone Number: ()		E-mail Address: Preferred method for commu	unicat	ion: 🗌 Mail 🔲 E-mal	ï
	PA	ART 2—EDUCATION			
Check your highest educational degree <u>a</u> educational status listed.	nd enclose	e a copy of the transcript o	r dip	loma which verifies re	eceipt of the
☐ GED		☐ Bachelors			
☐ High School Graduate		Masters			
☐ Associate		Doctorate			
Name and location of college, university	, or progra	am awarding degree:			
Field of study:				Diploma/degree conf mm/dd/yyyy):	erral date:

* Social Security Number Disclosure. Section 24-34-107(1) of the Colorado Revised Statutes requires that every application by an individual for a license issued pursuant to the authority set forth in title 12, C.R.S., by the Department of Regulatory Agencies, shall require the applicant's social security number. Disclosure of your social security number is mandatory for purposes of establishing, modifying, or enforcing child support under § 14-14-113 and § 26-13-126, C.R.S.; locating an individual who is under an obligation to pay child support as required by § 26-13-107(3)(a)(I)(A), C.R.S.; and reporting to the Health Integrity and Protection Data Bank as required by 45 CFR §§ 61.1 et seq. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Disclosure of your social security number is voluntary for disclosure to other state regulatory agencies, testing and examination vendors, law enforcement agencies, and other private federations and associations involved in professional regulation for identification purposes only. Your social security number will not be released for any other purpose not provided for by law.

OFFICE USE ONLY	REGISTRATION NUMBER:	DATE ISSUED:

APPLICANT NAME:	

PART 3—SCREENING QUESTIONS

You must provide the following for each "YES" response to the screening questions below: An explanation, signed and dated by you, of your behavior or practice that led to the occurrence, including: Date(s) of event/offense Description of event/offense Location/court Current status/outcome. You may be required to provide the following: Copies of legal documents relating to the event/offense Copies of legal documents indicating your compliance with any requirements imposed upon you. Have you ever been notified by any state, territory, district, country, United States government \square NO ☐ YES agency, or state certification/licensing board of any complaint filed against you relative to the practice of psychotherapy? This includes, but is not limited to, any allegations currently pending. Has any disciplinary action ever been taken regarding any psychotherapy/drug and alcohol ☐ YES services certification/license which you now hold or have ever held? Include any disciplinary actions by the U.S. military, U.S. Public Health Service, or other U.S. federal governmental entity. (Disciplinary actions include, but are not limited to, suspension, revocation, probation, practice limitations, reprimand, letter of admonition, censure, and any allegations currently pending.) If YES, include state or government agency, date, charge, and disposition in your explanation. Have you ever been denied a certification/license or permission to practice psychotherapy, or ☐ YES \square NO permission to take an examination for licensure in any state, country, or U.S. federal jurisdiction? ▶ If YES, include state or government agency, date, and reason for denial in your explanation. Have you ever voluntarily surrendered a certification/license to practice psychotherapy in any ☐ YES state? Have you ever had staff privileges limited or reduced, denied, suspended or revoked, or have you YES □ NO resigned from a staff position in lieu of disciplinary action? If YES, provide a copy of your letter of resignation or disciplinary action, and include the name and address of the facility and the reason for action in your explanation. Have you ever received a deferred judgment or been convicted of or pled nolo contendere to a ☐ YES \square NO violation of any federal, state, or local law relating to the manufacture, distribution or dispensing of a controlled substance, or relating to drug abuse, including alcohol? If YES, provide documentation from the court verifying completion of probation/parole requirements. Have you ever received a deferred judgment or been convicted of or pled nolo contendere to any YES felony in any state, territory, district, the U.S., or foreign country? Include any conviction that has been set aside, dismissed, or pardoned under any provision of the law. If YES, provide documentation from the court verifying completion of probation/parole requirements. Have you ever entered into any malpractice settlement or had any malpractice judgment entered ☐ YES \square NO against you in a court of law? In the last five years, have you been diagnosed with or treated for a condition that significantly \square NO ☐ YES disturbs your cognition, behavior, or motor function, and that may impair your ability to practice psychotherapy safely and competently, such as bipolar disorder, severe major depression, schizophrenia or other major psychotic disorder, a neurological illness, or sleep disorder? If YES, give dates of onset, description of condition, description of treatment, name and address of health service provider, and current status of condition. Attach a letter from your current or most recent health care provider stating that you are able to practice with skill and

safety to clients.

APPLICANT NAME:
PART 3—SCREENING QUESTIONS (Continued)
10. Do you now abuse or excessively use, or have you in the last five years abused or excessively used, any habit forming drug, including alcohol, or any controlled substance that has a) resulted in any accusation or discipline for misconduct, unreliability, neglect of work, or failure to meet professional responsibilities; or b) affected your ability to practice psychotherapy safely and competently?
If YES, if treated, give name, address and zip code of both facility and health service provider, dates of treatment, current status of condition, etc. Provide a written statement from the treatment center you attended documenting completion of therapy.
ATTESTATION
I state under penalty of perjury in the second degree, as defined in C.R.S. 18-8-503, that the information contained in this application is true and correct to the best of my knowledge. In accordance with C.R.S. 18-8-501(2)(a)(I), false statements made herein are punishable by law and may constitute violation of the practice act.

Date

Applicant Signature

A "SAMPLE" SUMMARY OF CURRENT PSYCHOTHERAPIES

- 1. Psychoanalysis
- 2. Adlerian Psychotherapy
- 3. Analytical Psychotherapy
- 4. Client-Centered Therapy
- 5. Rational-Emotive Therapy
- 6. Reality Therapy
- 7. Transactional Analysis

- 8. Encounter
- 9. Eclectic Psychotherapy
- 10. Hypnotherapy
- 11. Behavior Therapy
- 12. Gestalt Therapy
- 13. Neuro Linguistic Programming
- 14. Experiential Psychotherapy

Sources

Corsini, Raymond "CURRENT PSYCHOTHERAPIES"; Itasca, Illinois: F.E. Peacock Publishers, Inc., 1973 Herink, Richard "THE PSYCHOTHERAPY HANDBOOK"; New York: New American Library, Inc., 1980

Current Psychotherapies

- 1. **Psychoanalysis:** As a system of psychology derived from Sigmund Freud, Psychoanalysis stresses the importance of the unconscious and dynamic forces in psychic functioning. It is a form of therapy that uses "free association", in which the patient is encouraged to speak openly and freely, and relies on the analysis of transference and resistance. Psychoanalysis strives on making the unconscious more conscious.
- 2. Adlerian Psychotherapy: Also known as individual psychotherapy, Adlerian psychotherapists believe that an individual's self-image can be self-defeating and that those with "psychopathology" are discouraged rather than sick. Thus, the therapeutic approach is to encourage, to activate social interest, and to develop a new life style through relationship, analysis, and action methods.
- 3. Analytical Psychotherapy: Analytical psychotherapy attempts to create, using a symbolic approach, a dialectical relationship between consciousness and the unconscious. The therapist encourages and guides communication between the two systems via an imaginable process using "symbolic language", as in dreams, fantasies, etc. Increased awareness, and thus symptomatic relief, is brought about by the translation and interpretation of this "symbolic language."
- 4. Client-Centered Therapy: In Client-Centered therapy, the central hypothesis is that the growthful potential of any patient will tend to be released in a relationship in which the therapist communicates realness, caring, and a deeply sensitive, non-judgmental understanding. Thus, the therapist practices participative and empathic listening, while allowing the client to freely vent his/her feelings.
- 5. Rational-Emotive Therapy (RET): RET is based on the hypothesis that an individual's irrational beliefs result in erroneous and damaging self-appraisals. RET attempts to change these faulty beliefs by emphasizing cognitive restructuring, using the "ABC" theory of emotional disturbance and personality change. Albert Ellis states, "...when a highly charged emotional consequence (C) follows a significant activating (A) event, (A) may contribute to; but only partially causes (C). RET hypothesizes that the emotional consequences (C) are more likely caused by someone's belief system (B) about (A), rather that (A) alone". RET therapists utilize many cognitive, affective, and behavioral methods to reorient the patient's belief system.
- 6. Reality Therapy: Reality therapy consists of a series of theoretical principles. It is applicable to individuals with behavioral and emotional problems, as well as those experiencing identity crisis. Focusing on the present and behavior, the therapist guides individuals towards enabling them to see themselves accurately, to face reality, and to fulfill their own needs without harming themselves or others. The crux of this theory is personal responsibility for one's own behavior.

- 7. Transactional Analysis: Transactional Analysis is an approach to interactional psychotherapy. This style focuses on gaining the greatest possible benefit from the group environment. The therapist's ultimate objective is to provide the client with a level awareness which enables the client to make new decisions regarding future behavior and the future course of their life.
- 8. Encounter Psychotherapy: Encounter is a method of human relating based on openness and honesty, self-awareness, self-responsibility, awareness of the body, attention to feelings, and an emphasis on the here-and-now. As a therapeutic method, it usually occurs in a group setting. Encounter therapy focuses on removing blocks to better functioning. Encounter is also educational and recreational in that it attempts to create conditions leading to a more satisfying use of personal capacities.
- 9. Eclectic Psychotherapy: Eclectic psychotherapy selects what is valid or useful from all available theories, methods, and practices. The eclectic approach rejects adherence to any one school or system, and instead utilizes what is most valid or relevant from the whole therapeutic spectrum. It is composed of contributions from many different sources, used according to whether they are valid, applicable, and indicated. The eclectic method thereby becomes a basic scientific approach to the problem of matching suitable clinical methods to the needs of specific cases.
- **10. Hypnotherapy:** Hypnotherapy is a mechanism that effectively lifts repression, uncovers memories, encourages abreaction's (the re-experiencing of a previous emotional event) and dreaming (in terms of affective experiencing), enhances both motivation and a working alliance, and is also effective in activating a rapid transference reaction. Hypnotherapy can also be defined as a deepening of a normal psychophysiological phenomenon through an intense focusing of attention upon a specific inner or outer stimulus.
- 11. Behavior Therapy: Behavior is composed of cognitive, motor, and most importantly, emotional responses. Behavior is seen as responses to stimulation, internal and external, therefore the goal of therapy is to modify unadaptive stimulus-response (S-R) connections. Behavior therapy methods, insofar as possible, parallel those of experimental psychology. Behavior therapy includes systematic desensitization, assertiveness training, and aversion techniques, as well as several others.
- 12. Gestalt Therapy: Gestalt therapy consists of bringing discordant elements into a mutual, self-disclosing confrontation. This approach is ahistoric, focuses attention on immediate behavior, and calls for the personal participation of the therapist. Individuals often feel fragmented, with at least some perceptions, feelings, behaviors, or thoughts that are puzzling, unrelated, or troubling because they are not integrated with the whole. The task of therapy is to discover the relatedness of these alienated aspects through awareness.
- 13. Neuro-Linguistic Programming (NLP): NLP is a detailed operational model of the processes involved in human behavior and communication. Although it is not itself a psychotherapy, NLP's principles can be used to understand, and make changes in, any realm of human experience and activity. NLP, however, has been applied to therapeutic concerns, and the result is a powerful, rapid, and subtle technology for making extensive and lasting changes in human behavior and capacities. NLP deals with modifying and redesigning thinking patterns to give the patient more flexibility and new capacities and abilities.
- **14. Experiential Psychotherapy:** Experiential psychotherapy works with immediate concreteness. Linked to existential psychotherapy, which holds that one makes and changes oneself in present living, experiential psychotherapy and "focusing" gets into direct touch with the concrete level, where troubles are said to actually exist. Therapists try to establish a "felt sense" within their patients in order to create a more holistic sense of a problem or unresolved situation.

MANDATORY DISCLOSURE CHECKLIST

All ite patier	ms on this checklist must be included on the mandatory disclosure form provided to your nts.
	Your name, business address, and business phone number.
	A listing of your degrees, credentials, certifications, and licenses.
	A statement indicating that the practice of licensed, certified, and unlicensed persons and certified school psychologists in the field of psychotherapy is regulated by the Colorado Department of Regulatory Agencies, including the address and phone number:
	Department of Regulatory Agencies Division of Registrations Mental Health Section 1560 Broadway, Suite 1350 Denver, CO 80202 (303) 894-7800
	A statement that the client is entitled to receive information about the methods of therapy, the techniques used, and the duration of therapy, if known, and the fee structure.
	A statement that the client may seek a second opinion from another therapist or may terminate therapy at any time.
	A statement that in a professional relationship, sexual intimacy is never appropriate and should be immediately reported to the Department of Regulatory Agencies, Division of Registrations, Mental Health Section.
	The information provided by the client during therapy session is legally confidential in the case of licensed psychologists, licensed social workers, licensed professional counselors, licensed marriage and family therapists, licensed or certified addiction counselors, and Registered Psychotherapists, except as provided in Section 12-43-218 and for certain legal exceptions that will be identified by the therapist should any such situation arise during therapy.
	A space on the form for the patient's and therapist's signature, and date of signature.

MODEL

DISCLOSURE STATEMENT (Individual)

- Name
 Business address
 Business telephone number
- 2. My degrees are (list university or college, year, type of degree awarded, and field or subject matter of degree.)

A listing of your degrees, credentials, certifications, and licenses.

I am licensed in (list all states in which licensed, type of license(s) held, date licensed.)

3. The Colorado Department of Regulatory Agencies has the general responsibility of regulating the practice of licensed psychologists, licensed social workers, licensed professional counselors, licensed marriage and family therapists, licensed school psychologists practicing outside the school setting, licensed or certified addiction counselors, and unlicensed individuals who practice psychotherapy.

The agency within the Department that has responsibility specifically for licensed and Registered Psychotherapists is the Department of Regulatory Agencies, Mental Health Section, 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-7766.

- 4. Client Rights and Important Information:
 - a. You are entitled to receive information from me about my methods of therapy, the techniques I use, the duration of your therapy (if I can determine it), and my fee structure. Please ask if you would like to receive this information.
 - b. You can seek a second opinion from another therapist or terminate therapy at any time.
 - c. In a professional relationship (such as ours), sexual intimacy between a therapist and a client is never appropriate. If sexual intimacy occurs, it should be reported to the Department of Regulatory Agencies, Mental Health Section.
 - d. Generally speaking, the information provided by and to a client during therapy sessions is legally confidential if the therapist is a licensed psychologist, licensed social worker, licensed professional counselor, licensed marriage and family therapist, licensed or certified addiction counselor, or an Registered Psychotherapist. If the information is legally confidential, the therapist cannot be forced to disclose the information without the client's consent.

Information disclosed to a licensed psychologist, licensed social worker, licensed professional counselor, licensed marriage and family therapist, licensed or certified addiction counselor, or an Registered Psychotherapist is privileged communication and cannot be disclosed in any court of competent jurisdiction in the State of Colorado without the consent of the person to whom the testimony sought relates.

There are exceptions to the general rule of legal confidentiality. These exceptions are listed in the Colorado statutes (C.R.S. 12-43-218). You should be aware that provisions concerning disclosure of confidential communications shall not apply to any delinquency or criminal proceedings, except as provided in C.R.S. 13-90-107. There are exceptions that I will identify to you as the situations arise during therapy.

I have read the preceding information and understand my rig	hts as a client / patient.
Client/Patient Signature	Date
Therapist	Date

NOTE: In RESIDENTIAL, INSTITUTIONAL, or other settings where psychotherapy may be provided by multiple providers, the primary therapist makes the above disclosure. The INSTITUTION must also provide a disclosure. (See C.R.S. 12-43-214(3).)