



CREENTIALING APPLICATION - CHILDREN

PROVIDER NAME: _____ DATE: _____

For Providers wishing to be credentialed to treat children for Human Behavior Institute (HBI).

NOTE: HBI requires that all training be provided by a licensed clinician who has experience working with children.

School and Field of Study		Dates Attended	
Internship #1	Institution Name	Address	
Supervisor Name and Credentials		Address	Phone
Begin Date:	List topics of training:		
End Date:			
Internship #2	Institution Name	Address	
Supervisor Name and Credentials		Address	Phone
Begin Date:	List topics of training:		
End Date:			
Fellowship	Institution Name	Address	
Supervisor Name and Credentials		Address	Phone
Begin Date:	List topics of training:		
End Date:			
Specific Work Experience to Treat Children (<i>at least 2 years of work experience</i>):			
<u>Continuing Education</u> - Attach copies of certificates (<i>at least 6 CEUs per year for the last 4 years specific to the treatment of children</i>).			