

Ohio Psychological Association - Colleague Assistance Program (OPA-CAP)  
Network Provider Application

We believe that in the roles of helping and providing psychological care to others, psychologists may themselves become in need of assistance. The mission of the OPA-CAP is to provide Ohio psychologists with assistance in accessing services to restore professional functioning and to protect client welfare. An important role of the program is the development of a network of psychologists who are interested in serving fellow Ohio Psychologists in need. Members of the OPA-CAP committee would like to thank you for your interest in becoming a network member.

Those seeking to become network providers will be expected to meet established criteria as set forth by the OPA-CAP committee. These requirements include:

- Current unrestricted license to practice Psychology in Ohio
- Current malpractice coverage
- Completion of OPA-CAP Training – 3 hours (CEU credit provided)
- Minimum of 7 years experience post licensure
- Signed Agreement to adhere to policies and processes of OPA-CAP
- Member of the Ohio Psychological Association

Maintenance of status as OPA-CAP network provider will require:

- Current unrestricted license to practice Psychology in Ohio
- Current malpractice coverage
- Submission of required reports to OPA-CAP on a timely basis
- Adherence to OPA-CAP policies and procedures
- Attendance at annual meeting of OPA-CAP providers (conference call participation acceptable)
- Member of the Ohio Psychological Association

The OPA-CAP program recognizes the importance of addressing the ways in which social, cultural and economic inequalities that affect power and privilege; (including, class, physical size, able-bodiedness, race, ethnicity, gender, sexual orientation/sexual attraction and age) can influence professional behavior. Therefore, the OPA-CAP program seeks to safeguard the dignity of all by linking psychologists in need with trained, culturally sensitive psychologists.

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<b>Directions:</b> Please answer the questions below. Use additional pages if needed. Sign, date, and return the application to the Executive Director of OPA. Please also attach an updated copy of your curriculum vitae.	
1. Full Name:	
2. Preferred Mailing Address (street, city, state, zip code):	
3. Email Address:	
4. Telephone Numbers:	5. Years of Professional Experience as a Psychologist:
6. Ohio License Number & Year Licensed:	7. Licensure Outside Ohio (indicate dates & states):
8. Current Place of Employment:	9. Type of Practice Setting:
10. Specialty Area of Practice:	11. Years of OPA Membership:
12. Please list related continuing education and experience you have obtained in the last three years pertaining to colleague assistance (include MCE hours):	

13. Please describe your interest in becoming an OPA-CAP network provider.	
14. Do you have any illness or behavior (e.g., health status, mental illness, use of alcohol or drugs, behavior pattern) that has affected or potentially could affect your ability to practice psychology? (If so, please explain.)	
15. Has your license, clinical privileges, or affiliation with any health care organization been denied, challenged, investigated, terminated, reduced, limited, suspended, evoked, placed on probation, or surrendered? (If so, please explain.)	
16. Have you ever been subject to a malpractice allegation or have you or your professional liability insurer ever paid a claim or settlement related to your professional behavior? (If so, please explain.)	
17. Have you ever committed a violation of the American Psychological Association's <i>Ethical Principles and Code of Conduct</i> or violated any law or regulation governing the practice of psychology? (If so, please explain.)	
18. Please list two professional references (name, address, email address, phone number):	
Reference #1:	
Reference #2:	
Signature:	Date: