



POSTPARTUM RESOURCE CENTER OF NEW YORK

Perinatal Mood and Anxiety Disorders:
Finding the help you need!
Serving New York State Families Since 1998
Toll-Free Helpline: 855-631-0001
Hablamos Español

POSTPARTUM RESOURCE CENTER OF NEW YORK, INC.'S PERINATAL MOOD AND ANXIETY DISORDERS STATE-WIDE RESOURCE DIRECTORY APPLICATION

The Postpartum Resource Center of New York, Inc. is the 501(c)(3) not for profit, self help organization providing emotional support, education and healthcare and support group resources to New York State women and their families at risk for or experiencing a perinatal mood and anxiety disorder.

To be considered for inclusion the Directory, kindly return this form completed with the supporting documentation requested. Your application will be reviewed and you will be notified of our decision. **Inclusion in the Directory is not an endorsement by the Postpartum Resource Center of New York, Inc. of your business or services.**

Provider type: Psychiatrist Psychologist Social Worker Counseling Professional Agency
 Support Group Other – please specify _____

Information as you would like it to appear in the directory:

Provider Name: _____

Credentials: _____

Address: _____

Address: _____

City: _____

County: _____ **Country:** _____

State: _____ **Phone:** _____

Postal Code: _____ **Fax:** _____

Email: _____

Website: _____

Other languages (including sign): _____

Other information: _____

Payment accepted (check all that are applicable):

Private insurance Self Pay Medicaid
 Sliding Scale Other – please specify _____

Prescription of Medication

Can you prescribe? Yes No

Whether you prescribe or not, do you have an MD backup? Yes No

Are you licensed for your profession? Yes No

If yes, please provide us with a copy of your license.

Has your license ever been suspended or revoked? Yes No

If yes, please explain, _____



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Education/Degrees: _____

Certifications: _____

Additional Training (may attach CV): _____

What is your area of expertise?: _____

What type of practice are you in (private, agency, etc.)? _____

Please describe the type of services or treatments you provide (or include your brochure): _____

Approximately how many clients have you treated for perinatal mood disorders? _____

Please explain, according to your understanding, the difference between perinatal mood disorder OCD and postpartum psychosis. _____

In your treatment of patients with a perinatal mood disorder, do you incorporate family involvement, support groups, prescription medications, hormone testing, nutrition, exercise and/or spirituality? Yes No

If yes, please note which ones. _____

Have you ever utilized the services offered by the Postpartum Resource Center of New York? Yes No

Are you a member of the Postpartum Resource Center of New York? Yes No

Are you a member of Postpartum Support International? Yes No



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Please provide us with any other information you feel would be helpful and relevant to your application.

Thank you for your application to the Postpartum Resource Center of New York, Inc.'s Perinatal Mood and Anxiety Disorders State-wide Resource Directory. Your application will be reviewed and we will notify you of our decision.

Please mail your application with the supporting documentation to:

Postpartum Resource Center of New York, Inc.
109 Udall Road
West Islip, NY 11795

I understand that inclusion in the Directory is not an endorsement by the Postpartum Resource Center of New York, Inc. of my business or services.

Please print your name _____

Signature _____

Date _____