



# Behavioral Health Professional Areas of Expertise

Group name: \_\_\_\_\_

Provider name: \_\_\_\_\_

Provider type (degree and specialty): \_\_\_\_\_

Individual NPI number: \_\_\_\_\_

Language(s) spoken (other than English): \_\_\_\_\_

Practice Description (Check boxes of ages treated)	Ages 0-5	Ages 6-12	Ages 13-17	Ages 18-64	Ages 65+
Abuse, Assault and Trauma (PTSD)					
Adoption Issues					
Affective Mood Disorders					
Anger Management					
Anxiety and Panic Disorders					
Applied Behavior Analysis (ABA)					
Attention Deficit Disorders					
Autism Spectrum Disorders					
Bariatric Assessment					
Behavior Modification					
Bipolar Disorders/Manic Depressive Illness					
Brief Solution Focused					
Chemical Dependency/Chemical Dependency Assessment					
Cognitive Behavior Therapy					
Compulsive Gambling					
Couples/Marriage Therapy					
Critical Incident Stress Debrief (CISD)					
Cultural/Ethnic Issues					
Depression					
Developmental Disorders					
Dialectical Behavioral Therapy (DBT) <i>(if yes, fill out the questions below)</i>					
<ul style="list-style-type: none"> <li>• Enter your Linehan Board Certification No. _____</li> <li>• Do you have 40 didactic hours specific to DBT? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>• Do you have 12 months of participation in a DBT consultation team? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ul>					
An Area of Expertise in DBT designation is available only to providers who answer "Yes" to the above questions.					
Divorce/Blended Family Issues					
Domestic Violence					
EAP General					



Practice Description	Ages 0-5	Ages 6-12	Ages 13-17	Ages 18-64	Ages 65+
Eating Disorders <i>(if yes, respond to the four questions below)</i>					
<ul style="list-style-type: none"> <li>Enter your Board Certification No. _____</li> <li>Are you a Certified Eating Disorder Specialist (CEDS)? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>Do you have 3 years of experience in this area? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>Do you work closely with a dietician/nutritionist? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>Can you schedule an urgent appointment within 48 hrs? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ul>					
An Area of Expertise in Eating Disorders designation is available only to providers who answer "Yes" to all of the above questions.					
Electroconvulsive Therapy – Inpatient					
Electroconvulsive Therapy – Outpatient					
Eye Movement Desensitization and Reprocessing (EMDR)					
End of Life Issues					
Family Therapy					
Forensic					
Gay/Lesbian/Bisexual Issues					
<ul style="list-style-type: none"> <li>Are you certified in LGBT Affirmative Psychology? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ul>					
Grief/Bereavement					
Group Therapy					
Hearing Impaired					
HIV/AIDS/ARC Related Issues					
Infertility					
Medical Illness/Disease Management					
Medication Management					
Men's Issues	-----	-----			
Multi-Systemic Therapy (MST)					
Neuropsychological Testing					
Pain Management					
Pastoral Counseling					
Personality Disorders					
Phobias					
Police/Firefighters Issues					
Postpartum Issues	-----	-----			
Prenatal Issues	-----	-----			
Psychological Testing					
Registered Play Therapist (RPT)					
Registered Play Therapist – Supervisor (RPTS)					
Schizophrenia and other Psychotic Disorders					
Sexual Dysfunction					
Sexual Offender Treatment					
Somatoform Disorders					
Suboxone Treatment					



Practice Description	Ages 0-5	Ages 6-12	Ages 13-17	Ages 18-64	Ages 65+
Transgender Issues					
Women's Issues	-----	-----			

Blue Cross and Blue Shield of Texas reserves the right to request proof of any certifications held.

- Can you schedule an urgent appointment (less than 48 hours)?  Yes  No
- Public Transportation Access  Yes  No
- TDD Capacity  Yes  No
- Wheelchair Accessibility  Yes  No
- Accepting New Patients  Yes  No

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_