



Associate Clinician Application

AMFT and APCC Associates | W-2 Telehealth Position | California

Complete this form on screen, save it, and email it with your resume and a copy of your BBS registration to rfrost@pacmhs.com. Use the subject line "Associate Application: Your Name". Fields can be typed directly into this PDF.

1. CONTACT INFORMATION

Full legal name

Preferred name (optional)

Email

Phone

City of residence

County of residence

2. BBS REGISTRATION

Registration type

☐ AMFT (Associate Marriage and Family Therapist) ☐ APCC (Associate Professional Clinical Counselor)

Registration number

Issue date

Expiration date

Is this your first associate registration? (Associates may work in private practice only on a first registration.)

☐ Yes ☐ No

Supervised hours accrued toward licensure (approximate)

Expected licensure exam timeline (optional)

Graduate degree (for example, MA Counseling Psychology)

Graduate program and school

3. AVAILABILITY

Desired schedule

☐ Part-time ☐ Full-time ☐ Open to either

Target session hours per week

Earliest start date

Hours per week elsewhere (if any)

Available for evening or weekend sessions?

☐ Evenings ☐ Weekends ☐ Neither

Days and times you are available



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4. CLINICAL BACKGROUND

Populations you have served (for example, adults, teens, couples, families, IDD)

Clinical approaches and modalities (for example, CBT, DBT, EMDR, Gottman)

Telehealth experience

Languages you provide therapy in

Medi-Cal or managed care experience (Yes, No, details)

5. WHY PMHS

What draws you to telehealth work with Partnership HealthPlan communities?

6. PROFESSIONAL REFERENCES

Reference 1: name

Reference 1: relationship

Reference 1: phone or email

Reference 2: name

Reference 2: relationship

Reference 2: phone or email

7. ATTESTATION

☐ I certify that the information on this application is true and complete to the best of my knowledge.☐ I understand this is a W-2 employee position, as BBS requires for registered associates.

Typed signature

Date