



### **MHA Directory of Mental Health Professionals – Attestation Form**

Each mental health professional listed on the *MHA Online Directory of Mental Health Professionals* and in *The Networker – Psychotherapy Groups*, must complete this form, and send in with a copy of licensure and proof of liability insurance.)

Applicants agree that they shall advise Mental Health America of Central Carolinas (MHA) at 3701 Latrobe Drive, Suite 140; Charlotte, NC 28211 by registered mail within 30 days of the occurrence of any of the following events: *(Form must be completed and returned by July 1, the beginning of membership period.)*

1. any events in which he/she has been found guilty of unethical or unprofessional conduct by the Ethics Committee of their respective discipline, the state licensing board, or the licensing or certification board or professional association in any jurisdiction;
2. any events in which he/she had professional liability insurance cancelled for ethics violations;
3. any events in which he/she has been found guilty of unethical or unprofessional conduct by any professional organization or any board of registry or certification;
4. any events in which he/she has been found guilty of unethical or unprofessional conduct or incompetency in the provision of services, or in which his/her scope of practice has been limited by any health service provider organization;
5. any legal claims or judgments against him/her (pending or concluded) related to his/her professional practice; or,
6. current investigations being undertaken relative to any of the above events.

**This reporting obligation exists regardless of any appeal or other proceedings related to the original event.**

Has there been any event which triggers any of the reporting requirements described above? If so, please attach an explanation and describe the current status and findings of any investigation or proceedings.

\_\_\_\_\_ I have nothing to report.

\_\_\_\_\_ All reportable matters are described on the attached sheet, and upon request, I agree to provide releases for the Mental Health America of Central Carolinas to secure materials from any parties having knowledge of these matters.

I hereby attest that the preceding statement and any attached information are true, complete, and accurate to the best of my knowledge and belief. Further, I agree to indemnify and hold harmless MHA and each of its officers, members, directors, or employees in connection with the use of any information contained in the online Directory of Mental Health Professionals.

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_