

Private Practice Directory (Optional)

(for members who are fully registered with the NL Psychology Board)

Please complete if you are work in private practice and would like your information published for public viewing on the APNL website. By completing this section, you are consenting to have your information published as written below.

Name: _____ Phone: _____ Fax: _____

Address: _____ Email: _____

 _____ Website: _____

Gender: ___Male ___Female ___Other ___Prefer not to say

1. Highest Psychology degree obtained: _____

2. Geographical area of work:

St. John's/Metro Avalon Peninsula/East Central
 West Labrador Other _____

3. Client/Patient Population (check all that apply):

Child Adolescent (12-15) Adolescent (5-19)
 Families Adult Couples
 Senior Adult Other _____

4. Language:

Are you able to provide services in another language besides English? Y/N If yes,
 Please specify: _____

Areas of Practice:

- | | | |
|--|--|---|
| <input type="checkbox"/> Abuse | <input type="checkbox"/> Behavioural/ Parenting | <input type="checkbox"/> Physical Disabilities |
| <input type="checkbox"/> Emotional | <input type="checkbox"/> Blended Family | <input type="checkbox"/> Rehabilitation – Cognitive/
neuropsych/brain injury |
| <input type="checkbox"/> Physical | <input type="checkbox"/> Body Image | <input type="checkbox"/> Relationship issues |
| <input type="checkbox"/> Sexual | <input type="checkbox"/> Caregiver Stress | <input type="checkbox"/> Same Sex Couples |
| <input type="checkbox"/> Acute and Chronic Health Problems | <input type="checkbox"/> Conflict Resolution | <input type="checkbox"/> Self-esteem |
| <input type="checkbox"/> Addiction | <input type="checkbox"/> Couples Therapy | <input type="checkbox"/> Separation/Divorce |
| <input type="checkbox"/> Substances | <input type="checkbox"/> Depression | <input type="checkbox"/> Sex offenders |
| <input type="checkbox"/> Gambling | <input type="checkbox"/> Eating Disorders | <input type="checkbox"/> Sex Therapy/Dysfunction |
| <input type="checkbox"/> Sex addiction | <input type="checkbox"/> Grief/Loss/Bereavement | <input type="checkbox"/> Sexual Orientation |
| <input type="checkbox"/> Other | <input type="checkbox"/> Habit Change | <input type="checkbox"/> Sleep Disorders/ Problems |
| <input type="checkbox"/> Adoption Issues | <input type="checkbox"/> Learning Disabilities | <input type="checkbox"/> Stress Management |
| <input type="checkbox"/> Anger Management | <input type="checkbox"/> LGBT | <input type="checkbox"/> Trauma/CISD/PTSD |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Obsessive Compulsive Disorder | <input type="checkbox"/> Workplace issues – Stress, burnout,
harassment |
| <input type="checkbox"/> Assertiveness/ Social Skills | <input type="checkbox"/> Parenting | <input type="checkbox"/> Workshops |
| <input type="checkbox"/> Attachment Issues | <input type="checkbox"/> Personal Growth/Wellness | |
| <input type="checkbox"/> Attentional Problems/ ADHD | <input type="checkbox"/> Personality Disorders | |
| <input type="checkbox"/> Autism/ PDD | <input type="checkbox"/> Phobias/Fears | |

Formal Assessment Services

- _ ADHD
- _ Behav/Emotional
- _ Parental Capacity
- _ Career/Vocational
- _ Personality
- _ Custody Access
- _ Psychoeducational
- _ Cognitive

- _ PTSD Assessment
- _ Legal/Forensic/Insurance
- _ Consultations
- _ Neuropsychological
- _ Pain Assessment
- _ Court/Litigation
- _ Alcohol- related
- _ Driving Suspensions