

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"/> Anger Management	<input type="checkbox"/> Depression
<input type="checkbox"/> Emotional	<input type="checkbox"/> Anxiety	<input type="checkbox"/> Eating Disorders
<input type="checkbox"/> Physical	<input type="checkbox"/> Assertiveness/ Social Skills	<input type="checkbox"/> Grief/Loss/Bereavement
<input type="checkbox"/> Sexual	<input type="checkbox"/> Attachment Issues	<input type="checkbox"/> Habit Change
<input type="checkbox"/> Acute and Chronic	<input type="checkbox"/> Attentional Problems/ ADHD	<input type="checkbox"/> Learning Disabilities
Health Problems	<input type="checkbox"/> Autism/ PDD	<input type="checkbox"/> LGBT
<input type="checkbox"/> Addiction	<input type="checkbox"/> Behavioural/ Parenting	<input type="checkbox"/> Obsessive Compulsive
Substances	<input type="checkbox"/> Blended Family	Disorder
Gambling	<input type="checkbox"/> Body Image	<input type="checkbox"/> Parenting
Sex addiction	<input type="checkbox"/> Caregiver Stress	<input type="checkbox"/> Personal Growth/Wellness
Other	<input type="checkbox"/> Conflict Resolution	<input type="checkbox"/> Personality Disorders
<input type="checkbox"/> Adoption Issues	<input type="checkbox"/> Couples Therapy	<input type="checkbox"/> Phobias/Fears

Areas of Practice (Continued):

- _Physical Disabilities
- _Rehabilitation – Cognitive/
neuropsych/brain injury
- _Relationship issues
- _Same Sex Couples
- _Self-esteem
- _Separation/Divorce
- _Sex offenders
- _Sex Therapy/Dysfunction
- _Sexual Orientation
- _Sleep Disorders/ Problems
- _Stress Management
- _Trauma/CISD/PTSD
- _Workplace issues – Stress,
burnout, harassment
- _Workshops

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