

## REVIEWER APPLICATION PACKET

WWW.COUNSELORSCHOICEAWARD.COM

## **INSTRUCTIONS:**

After completing this application, email as an attachment it to

LeoDeBroeck@counselorschoiceaward.com

Your application will be reviewed and you will receive and email back confirming your application and guidelines for reviewing products and services.

First Name:	Last Name:	Middle Initial:
Year of Birth:		
Credentials:	Title of Profession:	
Education:	Place of Education:	
Year graduated:	Year of Licensure:	
Country of Licensure:	State of Licensure: I	License Number:
Email address:		
Telephone:		Work □ Cell □ Other □
Website or Blog:		
Shipping address (for pro-	ducts to be mailed for review)	
Mailing Address:		
City:		
State/Providence:		
ZipCode/PostalCode:		
Country:		
I have read and agree to the	he reviewer Code of Ethics: Yes	□ No □
	I am paid I will need to provide	ne spent or research journals/articles my Employer Identification Number (EIN)
Yes □ No □ I choos	se to volunteer my time $\square$	
Do you have any special sk certified, CBT+ certified, o	· · · · · · · · · · · · · · · · · · ·	ize in (EMDR, Certified Art Therapist, DBT
Please describe your crede	ntials and how your profession ha	s equipped you to serve as a reviewer:

Has your license to practice as a counselor ever been revoked or suspended?
Yes □ No □
Why?
Is there an age range of clients that you regularly serve?
Please tell us your background in reading and reviewing scientific research and academic journals:
Please indicate which peer-reviewed journals you frequently read most or other sources of research on current evidence based practice:
Are you comfortable reviewing faith based books, products and/or services in order to ensure they match evidence based practice research?
For publicity purposes, which status do you prefer?  To remain anonymous  To be listed as a reviewer.  To be added to our Top Reviewer page on our website
Please include a 300 words bio about yourself for the website as a Top Reviewer

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