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| ReviEwer Application Packet www.COUNSELORSCHOICEAWARD.COM | Instructions:After completing this application, email as an attachment it to LeoDeBroeck@counselorschoiceaward.comYour 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: \_\_\_\_\_\_ License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work [ ]  Cell [ ]  Other [ ]

Website or Blog: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Shipping address (for products to be mailed for review)

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State/Providence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ZipCode/PostalCode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have read and agree to the reviewer Code of Ethics: Yes [ ]  No [ ]

I understand that I am not guaranteed to be paid for any time spent or research journals/articles purchased. I understand if I am paid I will need to provide my Employer Identification Number (EIN) to Counselor’s Choice Award for tax purposes

Yes [ ]  No [ ]  I choose to volunteer my time [ ]

**Do you have any special skills or credentials that you specialize in (EMDR, Certified Art Therapist, DBT certified, CBT+ certified, etc.)?**

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**Please describe your credentials and how your profession has equipped you to serve as a reviewer:**

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**Has your license to practice as a counselor ever been revoked or suspended?**

Yes [ ]  No [ ]

**Why?**

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**Is there an age range of clients that you regularly serve?**

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**Please tell us your background in reading and reviewing scientific research and academic journals:**

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**Please indicate which peer-reviewed journals you frequently read most or other sources of research on current evidence based practice:**

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**Are you comfortable reviewing faith based books, products and/or services in order to ensure they match evidence based practice research?**

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**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**

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| **Please include a 300 words bio about yourself for the website as a Top Reviewer** |

After completing this application, email as an attachment it to

LeoDeBroeck@counselorschoiceaward.com