

CURRENT LICENSE/CERTIFICATE NUMBER: _____
CURRENT LICENSE/CERTIFICATE
ISSUE DATE AND EXPIRATION DATE: _____

DO YOU HAVE PROFESSIONAL LIABILITY INSURANCE? _____ YES _____ NO

COMPANY PROVIDING INSURANCE
AND POLICY NUMBER? _____

LIMITS OF LIABILITY COVERAGE? _____ POLICY EXPIRATION DATE: _____

PROFESSIONAL EXPERIENCE

BUSINESS NAME: _____

BUSINESS ADDRESS: _____
STREET CITY STATE ZIP

TYPE OF RELATIONSHIP: _____ INDEPENDENT CONTRACTOR _____ EMPLOYEE

DATES OF RELATIONSHIP (START/END): _____

CONTACT PERSON: _____

TELEPHONE OF CONTACT PERSON: _____ OK TO CONTACT? _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____
STREET CITY STATE ZIP

TYPE OF RELATIONSHIP: _____ INDEPENDENT CONTRACTOR _____ EMPLOYEE

DATES OF RELATIONSHIP (START/END): _____

CONTACT PERSON: _____

TELEPHONE OF CONTACT PERSON: _____ OK TO CONTACT? _____

CENTERED THERAPIES, LLC.

TYPE OF SERVICE(S) YOU INTEND TO PROVIDE AT CENTERED THERAPIES: _____

DO YOU CURRENTLY HAVE A CLIENT BASE? _____

IF YES, APPROXIMATELY HOW MANY CLIENTS? _____

HOW MANY CLIENT APPOINTMENTS/SESSIONS
DO YOU ANTICIPATE SCHEDULING WEEKLY AT CENTERED THERAPIES? _____

HOW LONG IS YOUR AVERAGE CLIENT SESSION? _____
SCHEDULING PREFERENCES (DAYS OF THE WEEK,
MORNINGS, AFTERNOONS, LENGTH OF TIME FOR APPOINTMENTS): _____

HOW OFTEN DO YOU WANT TO RECEIVE EMAILS REGARDING SCHEDULING ADDITIONS,
CANCELLATIONS, AND/OR CHANGES: _____ Every Event _____ Morning Digest
 _____ Evening Digest _____ No email reminders

HOW OFTEN YOU WANT TO RECEIVE TEXT MESSAGES REGARDING SCHEDULING ADDITIONS,
CANCELLATIONS, AND/OR CHANGES: _____ Every Event _____ Once each hour
 _____ Once every 2 hours _____ Once every 4 hours
 _____ Once every 8 hours _____ No Texts

DESCRIBE THE SPACE THAT YOU NEED AND THE FURNISHINGS YOU NEED PROVIDED IN THAT SPACE:

DESCRIBE THE FURNISHINGS THAT YOU WILL PROVIDE AND LEAVE IN THE SPACE: _____

WHAT SERVICES WOULD YOU LIKE PROVIDED WITH THE SPACE? _____

WHEN WOULD YOU LIKE THE LEASE TO BEGIN? _____

SIGNATURE AND VERIFICATION

All of the information provided in this Application for Lease is true and correct to the best of my knowledge.

Date: _____

Signature of Applicant

Printed Name of Applicant's Company
(If Applicable)

Printed Name of Applicant