

WASHINGTON SCHOOL OF PSYCHIATRY

STUDENT INFORMATION SHEET I

Please provide the information indicated below. If any item changes during the time you're enrolled in a training program, please complete a new form and give it to an office staff member immediately. This information will be used for your class list (items marked with *), by the office staff to contact you, and for compiling student data.

*Name _____ *Degree(s) _____

*Nickname _____ Training Program _____

*Home address _____

*City _____ *State _____ *Zip _____

*Phone: Work _____ *Home _____ * Cell _____

Fax _____ *E-mail address _____

Please let us know if you have any special needs we should be aware of.

Note: We will send all WSP correspondence to your home address unless you indicate otherwise.

Work Information

Do you work at an agency? ___ Yes ___ No Average hours per week: ___

Do you see patients in private practice? ___ Yes ___ No Average hours per week: ___

Agency name (if applicable)

Work address _____

City _____ State _____ Zip _____

How should we contact you during the day regarding class cancellations or schedule changes? (Please indicate **one** telephone number **OR** an email address. The staff is generally rushed in the case of last minute closings or cancellations.) You are responsible for checking this number/address prior to class.

Signature _____ Date completed _____

NOTE: It is important that you contact the WSP office if your name, address, phone numbers, or email address change during the time you are a student. Otherwise, we may not be able to reach you in an emergency.

Washington School of Psychiatry 5028 Wisconsin Ave., NW, Ste. 400 Washington, DC 20016

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STUDENT LICENSING STATUS

STUDENT INFORMATION SHEET II

____ Psychiatrist: (MD) Licensed in: MD DC VA Lic. # _____ Exp. date _____

____ Psychologist: (PhD) Licensed in: MD DC VA Lic # _____ Exp. date _____

____ Social Worker: (MSW) Licensed in: MD DC VA Lic # _____ Exp. date _____

License: ACSW LGSW LICSW LCSW LCSW-C Exp. date _____

Social Security Number or Tax ID Number _____

* Please attach a copy of your license. If it expires while you are a student, please bring a copy of your new license as soon as possible.

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STUDENT INFORMATION SHEET III

The Information below will be used for licensing reports and government statistical reports required of educational institutions. While it will be used by administrative staff to compile information about our student body, it will not be available to faculty or other students except in aggregate and will not be kept in your student file.

Date of birth _____

Sex _____

Country of Origin _____

Race _____

Ethnicity _____

Name _____

Date _____

Program _____