



## Therapist Information Form

Name \_\_\_\_\_ Discipline: \_\_\_\_\_  
Address: \_\_\_\_\_ SS #: \_\_\_\_\_  
\_\_\_\_\_ DOB: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ NPI #: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Corporation Name: \_\_\_\_\_ \*Corporation Tax ID \_\_\_\_\_  
NYEIS # \_\_\_\_\_ ASHA # \_\_\_\_\_  
EI State ID # \_\_\_\_\_ (required for DOH approval EI providers only)  
HOW WERE YOU REFERRED TO Cooper Kids Therapy \_\_\_\_\_

**Population Preference:** Please indicate the population you are certified/licensed for and interested in working with

- |   |                                      |                                   |
|---|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> Early Intervention-Ages birth through 3 years of age | <input type="checkbox"/> Evaluations | <input type="checkbox"/> Services |
| <input type="checkbox"/> CPSE - Preschool ages 3 through 5 years              | <input type="checkbox"/> Evaluations | <input type="checkbox"/> Services |

**Area Preference:** To assist in preferred placement, please list the towns/zip codes that you are available to work in

\_\_\_\_\_  
\_\_\_\_\_

**Language:** Are you bilingual? No ☐ Yes ☐

If yes, please indicate what language(s)? \_\_\_\_\_

**References:** Please submit two relatable work references below:

(please include name of Agency, office manager/supervisor, phone # and address)

1. \_\_\_\_\_
2. \_\_\_\_\_