

Employee / Subcontractor Name / Job Title	Training	Indicate Licensure or Certification and Expiration Date (if applicable)	Assigned Counties / Zip Codes
6. _____ [Name] _____ [Job Title] Can you provide Teletherapy? Y <input type="checkbox"/> / N <input type="checkbox"/>	Roster Date _____ Coaching Webinars or Coaching Book & Quiz Date _____ Coaching Putting It Into Practice Training Date _____	_____ [Licensure or Certification] _____ [Expiration Date]	
7. _____ [Name] _____ [Job Title] Can you provide Teletherapy? Y <input type="checkbox"/> / N <input type="checkbox"/>	Roster Date _____ Coaching Webinars or Coaching Book & Quiz Date _____ Coaching Putting It Into Practice Training Date _____	_____ [Licensure or Certification] _____ [Expiration Date]	
8. _____ [Name] _____ [Job Title] Can you provide Teletherapy? Y <input type="checkbox"/> / N <input type="checkbox"/>	Roster Date _____ Coaching Webinars or Coaching Book & Quiz Date _____ Coaching Putting It Into Practice Training Date _____	_____ [Licensure or Certification] _____ [Expiration Date]	
9. _____ [Name] _____ [Job Title] Can you provide Teletherapy? Y <input type="checkbox"/> / N <input type="checkbox"/>	Roster Date _____ Coaching Webinars or Coaching Book & Quiz Date _____ Coaching Putting It Into Practice Training Date _____	_____ [Licensure or Certification] _____ [Expiration Date]	
10. _____ [Name] _____ [Job Title] Can you provide Teletherapy? Y <input type="checkbox"/> / N <input type="checkbox"/>	Roster Date _____ Coaching Webinars or Coaching Book & Quiz Date _____ Coaching Putting It Into Practice Training Date _____	_____ [Licensure or Certification] _____ [Expiration Date]	
11. _____ [Name] _____ [Job Title] Can you provide Teletherapy? Y <input type="checkbox"/> / N <input type="checkbox"/>	Roster Date _____ Coaching Webinars or Coaching Book & Quiz Date _____ Coaching Putting It Into Practice Training Date _____	_____ [Licensure or Certification] _____ [Expiration Date]	
12. _____ [Name] _____ [Job Title] Can you provide Teletherapy? Y <input type="checkbox"/> / N <input type="checkbox"/>	Roster Date _____ Coaching Webinars or Coaching Book & Quiz Date _____ Coaching Putting It Into Practice Training Date _____	_____ [Licensure or Certification] _____ [Expiration Date]	