

**PART TIME DISCOUNT WORKSHEET**

**THIS FORM MUST BE RETURNED WITH YOUR APPLICATION ONLY IF YOU ARE APPLYING FOR THE PART TIME RATE.**

Number of hours  
per week

- 1. Practice as a sole practitioner seeing patients. This would include private practice, paid consultation, supervision and volunteer work. \_\_\_\_\_
- 2. Practice as a W2 form employee. \_\_\_\_\_
- 3. Supervision of students seeing patients. (Time spent in teaching does not need to be included.) However, if you have indicated on your application that you are working at a University/College please state the number of hours of clinical practice performed there. \_\_\_\_\_
- 4. Do you own or partly own a Corporation, Partnership or LLC that provides Mental Health services? ( ) Yes ( ) No  
If yes, you may not qualify for the part time rate.\* \_\_\_\_\_

**Total of weekly hours.** \_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**NOTE:**

Please be advised that you do not qualify for the part time discount if your total working hours in all positions (including W2 employment) exceeds 20 hours a week. **\*Also, if you are incorporated, in a partnership, have any W2 form employees or if you use the services of four (4) or more independent contractors you do not qualify for this discount due to the added exposure. You must submit the full time premium.**

The 35% part time premium discount must be applied to the premium before any CE credit is applied, not along with the part time discount. Eligible CE discounts can only be applied after the part time discount.

Furthermore, Risk Management discounts should not be taken. You must submit the premium and completion certificates and we will refund the difference if the Risk Management courses meet underwriting criteria.