

PART TIME WORKSHEET

If you are applying for the part time rate, this worksheet must be completed and returned to this office with your application.

	Number of hours per week
1. Practice as a sole practitioner seeing patients.	_____
2. Practice as a supervisor of others who are providing client care.	_____
3. Practice as an employee of others, supervising others or seeing patients.	_____
4. Supervision of students seeing patients.	_____
5. Providing case review, peer review or gatekeeper services.	_____
6. Any other activity involving direct client care.	_____
7. As an active owner, partner or officer of an entity providing mental health care.	_____
Total of weekly hours	_____

Signature

Date

THIS FORM MUST BE RETURNED WITH YOUR APPLICATION

NOTE:

The part time rate of 20 hours per week is averaged over the policy period. Should you wish to exclude your W2 employment to qualify for this low discounted rate, proof of coverage and/or a statement on your employer's letterhead **MUST** be submitted along with a statement that you want to exclude this coverage.