

Provider Network Sign-Up Application

We are seeking licensed or certified behavioral healthcare practitioners to join our provider network. If you are interested in providing coaching or counseling services using our award winning web application and, or would like additional information on our ICF-accredited coach training program please fill out the form below. One of our Provider Network team members will contact you shortly.

First Name: _____ Last Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Email Address (primary): _____ Phone Number (primary): _____

List Graduate Degrees: _____

Select Licensure or Certification:

- Licensed Psychologist
- Licensed or Certified Social Worker
- Licensed Counselor
- Other

Select One:

- ACC
- PCC
- MCC
- None

ACTP Hours: _____

Online Training Hours: _____

Would you be interested in life coach training? Yes No



 **Please complete all fields and mail your completed application to:**
LifeOptions Group, Inc.
Attn. Provider Network
2855 44th St. SW
Suite 360
Grandville, MI 49418

 **Questions?**
1-800-335-8470
info@lifeoptions.com