

## SERVICE PROVIDER LISTING REGISTRATION FORM

Please fill in all applicable sections and submit your completed form to [nedic@uhn.ca](mailto:nedic@uhn.ca). Following the receipt of your form, a member of the NEDIC team will contact you to schedule a call for the purpose of confirming the accuracy of information that you have provided and that you meet all of the criteria listed below.

### Criteria that must be met to be approved for a listing:

- Your practice is aligned with NEDIC's non-dieting and weight-inclusive philosophies.
- You have completed training specific to eating disorders. \*
- You have experience working with individuals with eating disorders.
- If you are a member of a regulated health profession, you are in good standing with your profession's provincial/territorial college or governing body.
- You provide only the services that you have the legal authority to.

\* *This is discussed with service providers during the phone interview and is one or a combination of any of the following:*

- *previous/current work experience in a treatment setting*
- *practicum*
- *certified training course*
- *access to applicable supervision*

### Listing policies:

*Both checkboxes below must be selected for NEDIC to consider your registration request.*

NEDIC contacts all registered service providers on an annual basis to request that they review their listing and ensure that their information is up to date and correct.

You acknowledge that you are aware that NEDIC will be e-mailing you on annual basis about your listing and agree to be contacted and to edit your listing as appropriate so it is up to date.

Yes

Service providers may be removed from NEDIC's Service Provider Directory in the following instances, as determined by NEDIC in its sole discretion acting reasonably.

- The service provider does not update their listing as required.
- The service provider makes claims to be affiliated with, or to be endorsed by, NEDIC.
- When it becomes apparent that the service provider's practices no longer align with all of the criteria listed above

You acknowledge that you have read and agree with this policy statement.

Yes

- From time-to-time NEDIC receives feedback form individuals who have sought services from service providers listed on NEDIC's Service Provider Directory. NEDIC will not disclose information to service

providers that may identify the individuals who provide such feedback unless the individual(s) have provided consent to do so.

You acknowledge that you have read and agree with this policy statement.

Yes

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**Organization name:**

**Department:**

**Street address:**

**Unit:**

**City:**

**Province/territory:**

**Postal Code:**

*A province/territory must be selected and a postal code must be provided even you only offer virtual services.*

**This is an address that you wish to make available to the public:**  Yes

*Address that will be visible to website users*

**Phone:**

**Website:**

**E-mail address for public use:**

*E-mail address for the public to use to contact you – this will be visible to website users*

**E-mail address for internal use:**

*E-mail address for NEDIC to contact you about your listing – this will not appear on the website*

**Description of your practice and services:**

**Availability of online services:**

**Credentials:**

Art Therapist

Occupational Therapist

Counsellor

Psychiatrist

Dietitian

Psychologist

Family Doctor/General Practitioner

Psychotherapist

- Nurse
- Nutritionist
- Recovery Coach
- Social Worker
- Other:

**Description of other qualifications:**

**Registered and in good standing with a provincial/territorial college or regulatory body:**

**If registered with a provincial/territorial college or regulatory body please provide link:**

**Cost of services provided at this location:**

- Free
- Covered by provincial/territorial health insurance
- Fee for service
- Sliding scale available

**Free consultation/discovery call available:**  Yes

**Access services by:**

- Referral from medical practitioner
- Intake coordinator
- Referral from other service provider
- Self-referral

**If services are offered in person, the location is accessible to people with physical disabilities:**  Yes

*For example, it is accessible to people who use a wheelchair*

**If services are offered virtually, they are available to residents across Canada:**  Yes

**If services are offered virtually and not available to residents across Canada, they are available to residents of:**

- Alberta
- British Columbia
- Manitoba
- New Brunswick
- Newfoundland and Labrador
- Northwest Territories
- Nova Scotia
- Nunavut
- Ontario
- Prince Edward Island
- Quebec
- Saskatchewan
- Yukon Territory

**Inclusivity of this service location:**

- Services are provided by Black practitioners
- Services are provided by Indigenous practitioners
- Services are provided by practitioners of colour

- Services are provided by queer-identifying practitioners
- Services are provided by trans\*, Two-Spirit, or non-binary practitioners

**Catchment area, if applicable:**

*Area to which your services are limited – for example, a specific city*

**Language(s) in which services are provided:**

- English
- French
- Interpretation services available
- Other:

**Services provided:**

- Advocacy/health care system reform
- Crisis
- Eating disorder awareness, education, and/or prevention
- Healthy lifestyle activities/programs
- Therapy and/or treatment

**Approaches offered:**

- |                                                                        |                                                                       |
|------------------------------------------------------------------------|-----------------------------------------------------------------------|
| <input type="checkbox"/> Acceptance and Commitment Therapy             | <input type="checkbox"/> Interpersonal Therapy                        |
| <input type="checkbox"/> Brainspotting                                 | <input type="checkbox"/> Mind-Body                                    |
| <input type="checkbox"/> Cognitive Behavioural Therapy                 | <input type="checkbox"/> Psychodynamic                                |
| <input type="checkbox"/> Dialectical Behaviour Therapy                 | <input type="checkbox"/> Psychoeducation                              |
| <input type="checkbox"/> Emotion Focused Therapy                       | <input type="checkbox"/> Radically Open Dialectical Behaviour Therapy |
| <input type="checkbox"/> Exposure and Response Prevention              | <input type="checkbox"/> Somatic Experiencing                         |
| <input type="checkbox"/> Eye Movement Desensitization and Reprocessing | <input type="checkbox"/> Solution-Focused Therapy                     |
| <input type="checkbox"/> Family-Based Treatment or Maudsley            | <input type="checkbox"/> Trauma-Informed                              |
| <input type="checkbox"/> Internal Family Systems Therapy               | <input type="checkbox"/> Yoga Therapy                                 |

**Age groups served:**

- Children and youth aged 11 and under
- Youth aged 12 to 18
- Young adults aged 19 to 25
- Adults aged 26 to 64
- Adults aged 65 and older

**Types of services offered:**

- |                                                 |                                                      |
|-------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Day hospital program   | <input type="checkbox"/> Marital/couples counselling |
| <input type="checkbox"/> Family counselling     | <input type="checkbox"/> Meal support                |
| <input type="checkbox"/> Group counselling      | <input type="checkbox"/> Medical supervision         |
| <input type="checkbox"/> Home visits            | <input type="checkbox"/> Nutrition counselling       |
| <input type="checkbox"/> Individual counselling | <input type="checkbox"/> Outpatient program          |
| <input type="checkbox"/> Inpatient program      | <input type="checkbox"/> Residential program ***     |
|                                                 | <input type="checkbox"/> Self-help or support group  |

- Intensive outpatient program \*\*       Telephone or online counselling

**\*\* If intensive outpatient program is fee-for-service:**

**Average or typical fee:**

- \$300 to \$500 daily  
 \$500+ daily

**Minimum stay required:**  Yes

**If yes, minimum length:**

**\*\*\* If residential program is fee-for-service:**

**Fee:**

*One of the following fields must be filled in*

**Daily:**

**Weekly:**

**Minimum stay required:**  Yes

**If yes, minimum length:**

**Description of professionally-facilitated support group(s) offered:**

**Specific demographics served:**

- Boys/men  
 Girls/women  
 Family and friends  
 Students

**Experienced in:**

- |                                                                          |                                                                                       |
|--------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| <input type="checkbox"/> Gender identity or sexuality concerns           | <input type="checkbox"/> Eating disorder-diabetes mellitus type 1 (EDDMT1)/diabulimia |
| <input type="checkbox"/> Athletes                                        | <input type="checkbox"/> People in crisis                                             |
| <input type="checkbox"/> Addictions                                      | <input type="checkbox"/> Post-traumatic stress disorder (PTSD)                        |
| <input type="checkbox"/> Attention deficit/hyperactivity disorder (ADHD) | <input type="checkbox"/> Sexual abuse/sexual assault                                  |
| <input type="checkbox"/> Autism spectrum conditions                      | <input type="checkbox"/> Traumatic brain injury                                       |
| <input type="checkbox"/> Cultural or racial identity concerns            |                                                                                       |
| <input type="checkbox"/> Body dysmorphic disorder                        |                                                                                       |
| <input type="checkbox"/> Body image concerns                             |                                                                                       |

**Eating disorders and related concerns addressed:**

- Anorexia nervosa  
 Binge eating disorder  
 Bulimia nervosa  
 Avoidant/restrictive food intake disorder (ARFID)  
 Other specified feeding or eating disorder (OSFED)  
 Disordered eating  
 Weight preoccupation and other size concerns

**Restrictions:**

*Criteria that individuals must meet to be eligible for your services – for example, you only work with teens above a certain age*

**Contact first name:**

**Contact last name:**

**Pronouns of individual named above:**

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**Thank you for completing this service provider listing registration form. A member of the NEDIC team will be in touch to review your submission. By submitting this form, you are confirming that the information you have shared is accurate.**