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**SERVICE PROVIDER LISTING REGISTRATION FORM**

Please fill in all applicable sections and submit your completed form to 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 your practice is aligned with NEDIC’s non-dieting, weight-inclusive, feminist, client-centred philosophies.

**Organization name:** Click or tap here to enter text.

**Department:** Click or tap here to enter text. Enter --- if not applicable.

**Street address:** Click or tap here to enter text. **Unit:** Click or tap here to enter text.

**City:** Click or tap here to enter text.

**Province/territory:** Choose an item. **Postal Code:** Click or tap here to enter text.

*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:** Click or tap here to enter text.

**Website:** Click or tap here to enter text.

**E-mail address for public use:** Click or tap here to enter text.

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

**E-mail address for internal use:** Click or tap here to enter text.

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

**Description of your practice and services:**

Click or tap here to enter text.

**Availability of online services:** Choose an item.

**Credentials:**

[ ] Art Therapist [ ] Occupational Therapist

[ ] Counsellor [ ] Psychiatrist

[ ] Dietitian [ ] Psychologist

[ ] Family Doctor/General Practitioner [ ] Psychotherapist

[ ] Nurse [ ] Recovery Coach

[ ] Nutritionist [ ] Social Worker

 [ ] Other: Click or tap here to enter text.

**Description of other qualifications:**

Click or tap here to enter text.

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

Choose an item.

**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 [ ] Nunavut

[ ] British Columbia [ ] Ontario

[ ] Manitoba [ ] Prince Edward Island

[ ] New Brunswick [ ] Quebec

[ ] Newfoundland and Labrador [ ] Saskatchewan

[ ] Northwest Territories [ ] Yukon Territory

[ ] Nova Scotia

**Inclusivity of this service location:**

[ ] Inclusive and affirming of Black peoples

[ ] Inclusive and affirming of Indigenous peoples

[ ] Inclusive and affirming of gay, lesbian, and bisexual people

[ ] Inclusive and affirming of trans\*, Two-Spirit, and non-binary people

[ ] Services are provided by BIPOC practitioners

[ ] Services are provided by 2SLGBTQ+ practitioners

**Catchment area, if applicable:** Click or tap here to enter text.

*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: Click or tap here to enter text.

**Services provided:**

[ ] Advocacy/health care system reform

[ ] Crisis

[ ] Eating disorder awareness, education, and/or prevention

[ ] Healthy lifestyle activities/programs

[ ] Treatment

**Approaches offered:**

[ ] Acceptance and Commitment Therapy [ ] Maudsley/Family-Based Therapy

[ ] Cognitive Behavioural Therapy [ ] Mind-Body

[ ] Dialectical Behaviour Therapy [ ] Psychodynamic

[ ] Emotion Focused Therapy [ ] Psychoeducation

[ ] Eye Movement Desensitization and Reprocessing [ ] Solution-Focused Therapy

[ ] Internal Family Systems Therapy [ ] Trauma-Informed

[ ] Interpersonal Therapy [ ] 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:**

[ ] Day hospital program [ ] Marital/couples counselling

[ ] Family counselling [ ] Medical supervision

[ ] Group counselling [ ] Nutrition counselling

[ ] Home visits [ ] Outpatient program

[ ] Individual counselling [ ] Residential program

[ ] Inpatient program [ ] Self-help or support group

[ ] Intensive outpatient program [ ] Telephone or online counselling

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

Click or tap here to enter text.

**Specific demographics served:**

[ ] Boys/men

[ ] Girls/women

[ ] Family and friends

[ ] Students

**Experienced in:**

[ ] 2SLGBTQ-specific concerns [ ] Eating disorder-diabetes mellitus type 1 (ED-DMT1) /

[ ] Athletes diabulimia

[ ] Addictions [ ] Incest survivors

[ ] Autism spectrum conditions [ ] People in crisis

[ ] Body dysmorphic disorder [ ] Post-traumatic stress disorder (PTSD)

[ ] Body image concerns [ ] Sexual abuse

[ ] Cross-cultural work

**Food and weight concerns treated:**

[ ] 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*

Click or tap here to enter text.

**Contact first name:** Click or tap here to enter text. **Contact last name:** Click or tap here to enter text.

**Pronouns of individual named above:** Click or tap here to enter text.