

**POSTPARTUM RESOURCE CENTER OF NEW YORK, INC.**

109 Udall Road  
West Islip, NY 11795  
(631) 422-2255  
www.postpartumNY.org

The Postpartum Resource Center of New York, Inc. is the 501(c)(3) not for profit, self help organization providing emotional support, education and healthcare and support group resources to New York State women and their families at risk for or experiencing a perinatal mood disorder.

**Postpartum Resource Center of New York, Inc. 's**  
**Perinatal Mood Disorders Resource Directory Application**

To be included in our directory, kindly return this form completed with the supporting documentation requested. Your application will be reviewed and you will be notified of our decision. Inclusion in the Directory is not an endorsement by the Postpartum Resource Center of New York, Inc. of your business or services.

Provider type: Psychiatrist, Psychologist, Social Worker, Counseling Professional, Agency, Support Group,  
Other – please specify \_\_\_\_\_

Information as you would like it to appear in the directory:

Provider Name: \_\_\_\_\_

Credentials: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

County: \_\_\_\_\_

State/Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

Other languages (including sign): \_\_\_\_\_

Other information: \_\_\_\_\_

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Payment accepted (check all that are applicable):

Private insurance

Self pay

Medicaid

Sliding scale

Other \_\_\_\_\_

Prescription of Medication

Can you prescribe?    Yes                      No

Whether you prescribe or not, do you have an MD backup?    Yes                      No

Are you licensed for your profession?                      Yes                      No

If yes, please provide us with a copy of your license.

Has your license ever been suspended or revoked?    Yes                      No                      If yes, please explain.

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Education/Degrees: \_\_\_\_\_

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Certifications: \_\_\_\_\_

Additional Training: \_\_\_\_\_

(may attach CV)

What is your area of expertise? \_\_\_\_\_

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What type of practice are you in (private, agency, etc.)? \_\_\_\_\_

Please describe the type of services or treatments you provide (or include your brochure): \_\_\_\_\_

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Approximately how many clients have you treated for perinatal mood disorders? \_\_\_\_\_

Please explain, according to your understanding, the difference between perinatal mood disorder OCD and postpartum psychosis. \_\_\_\_\_

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In your treatment of patients with a perinatal mood disorder, do you incorporate family involvement, support groups, prescription medications, hormone testing, nutrition, exercise and/or spirituality?      Yes      No

If yes, please note which ones: \_\_\_\_\_  
\_\_\_\_\_

Have you ever utilized the services offered by the Postpartum Resource Center of New York?      Yes      No

Are you a member of the Postpartum Resource Center of New York?      Yes      No

Are you a member of Postpartum Support International?      Yes      No

Please provide us with any other information you feel would be helpful and relevant to your application.

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Thank you for your application to the Postpartum Resource Center of New York, Inc.'s Perinatal Mood Disorders Resource Directory. Your application will be reviewed and we will notify you of our decision.

Mail your application with the supporting documentation to:

Postpartum Resource Center of New York, Inc.  
109 Udall Road  
West Islip, NY 11795

I understand that inclusion in the Directory is not an endorsement by the Postpartum Resource Center of New York, Inc. of my business or services.

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Please print your name

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Signature

Date \_\_\_\_\_