

## 2012-13 THERAPIST REFERRAL BOOK – SUBMISSION FORM

**Please read below. We have made significant changes to the submission process this year.**

MHREN is updating its Southern Oregon Therapist Referral Book for 2012-13. The book will be mailed in January 2012 to the 750 recipients on our mailing list as well as to a large list of local primary care physicians.

In order to help offset our production and mailing costs, **we require active 2012 MHREN membership** of individuals listed in the book. To facilitate this process, in 2012 we are changing the MHREN membership renewal cycle to run January 1<sup>st</sup> through December 31<sup>th</sup>. Those returning the membership renewal form (available in the current newsletter and on the [MHREN website](#)) and check, along with this form, will be renewed through 2012.

We are also requiring that only **actively practicing therapists** open to referrals list themselves in the book.

To assure the integrity of this publication and the clinical specialties and therapeutic modalities listed, we ask that individuals only check clinical populations and modalities in which they are substantially trained or experienced. Also please check the “certified” box for any modality in which you are certified.

A **new submission form is required** each year we update. **Forms must be received by October 31<sup>st</sup>**. An electronic draft will be e-mailed in early December to those providing their e-mail addresses below.

We will also be expanding our listing of therapeutic agencies. Membership is not required of agencies who want to be listed. Those practitioners affiliated with an agency who want to assure their agencies receive submission forms should direct the agencies to the **Agency Submission Form** posted on our website: [www.MHREN.org](http://www.MHREN.org).

If you have any questions, please email us at [info@MHREN.org](mailto:info@MHREN.org).

Your printed name with credentials  
as you would like it to be listed: \_\_\_\_\_

City/cities where your services are offered: \_\_\_\_\_

Business phone: \_\_\_\_\_

Web site address (please print): \_\_\_\_\_

Licensed     Medicare     OHP Provider     Insurance Accepted     Sliding Scale

### **For MHREN office use only:**

Provide your email address if you would like to receive an electronic draft of the book to proof before publication: \_\_\_\_\_

***We strongly urge you to provide an email address and proof your data.***

