

~~~ Grandfathering Administrative Sheet ~~~

Items marked with a PC icon  will be on the new website.

If you DO NOT want an item on the website, please put an X over this icon 

Name  _____

Degree/Title  _____

(Please show us above EXACTLY how you want your name and degree/title to be printed on your certificate(s) and certification documents.)

OFFICE INFORMATION:

BUSINESS NAME: _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

RESIDENCE ADDRESS: (optional)

Street _____


City _____ State _____ ZIP _____

Preferred Mailing Address: Office Residence

What geographical area do you cover with the services that you offer? 

TELEPHONE INFORMATION:

Office:  (_____) _____

FAX:  (_____) _____

EMAIL:  _____ (Please print in capital letters)

I am licensed in the state(s) of:

_____ as a _____


_____ as a _____


_____ as a _____

I am presently a member in good standing of a professional organization that represents my mental health discipline. Please provide name(s) below:

Place a "C" in parentheses after any organization above that certifies its members to practice a mental health specialty at the independent practice level.

Do you have an internet site? YES [] NO []

If YES, what is the URL? (In capitals, please)  http://www._____

 We will be happy to provide a link next to your name to any descriptive information that you would like to provide for visitors to our internet sites. (SUGGESTIONS: a Curriculum Vitae, a description of the services you offer, directions to your office, anything or everything that you want prospective clients/patients to see.) We need this information either on a compact disc in WORD or sent to us as an attachment (staff@pace411.com). There is no deadline. We are happy to link this to your Directory Listing whenever you supply the information. We will notify you when our new sites are ready to add your information.

Which of the three options are you selecting?

**OPTION #ONE [] Upgrade to Nationally Certified Custody Evaluator™(NCCE)
Send a copy of this Grandfathering Administrative Sheet and the first year fee of \$198 to the address below. DEADLINE: April 30, 2010**

**OPTION #TWO [] Become credentialed as a Nationally Certified Parenting Coordinator™(NCPE)
(NCPE) Send a copy of this Grandfathering Administrative Sheet and the first year fee of \$198 to the address below. DEADLINE: April 30, 2010**

**OPTION # THREE [] Upgrade to Nationally Certified Custody Evaluator™(NCCE)
and also become credentialed as a Nationally Certified Parenting Coordinator™(NCPC). Send a copy of this Grandfathering Administrative Sheet and the first year fee of \$298 (total for the two credentials) to the address below. DEADLINE: April 30, 2010**

IF YOU SELECT OPTION #2 or OPTION #3 WE NEED YOU TO AGREE TO THE FOLLOWING:

I agree to the following:

I have had a minimum of two years experience working at a professional level with at least five sets of high conflict or litigating parents, providing services that have been described by various designations, including, but not limited to: parental coordinator, parenting coordinator, family coordinator, mediator, and reunification therapist.

I am bound by the ethics of my mental health profession, by the state in which I am licensed (or the court where I am employed), and by any relevant standards of practice adopted by each professional association of which I am a member, and by any relevant standards of practice which may be adopted from time to time by PACE.

Signature _____ Date _____

Charge my Credit Card:

CREDIT CARD INFORMATION: [] VISA [] MC [] Amer. Exp [] Discover

NAME ON CARD: _____

CARD # _____ EXPIRATION (Month/Year) _____

TOTAL BEING CHARGED: \$ _____

Please send this Grandfathering Administrative Sheet and the first year fee to PACE at the address below. (You can also fax the Grandfathering Administrative Sheet to 215-794-3386.)

PACE
73 Valley Drive
Village of Furlong, PA 18925

PACE FAX: 215-794-3386

QUESTIONS? Talk to Howard at 800-553-7678