

WEBSITE PROVIDER DECLARATION AND AGREEMENT
for California Licensed Mental Health Professionals

1. I, _____, have submitted a
(print name, credential, and license number)
complete information form to be listed on the Santa Clara and Superior Court Clinical Services Resource Website and declare that I meet all the licensure, statutory, professional, and experience requirements as stated to provide those services indicated on my application.
2. I understand that the public will be informed that the agencies making up the resource list, including but not limited to the Superior Court of California, Santa Clara County, and Santa Clara County, are neither recommending nor approving the use of such service providers, and that the list is available as a public service only. Furthermore, neither Santa Clara County nor the Superior Court of California, County of Santa Clara, assumes any responsibility or liability for the behavior of any individual seeking or obtaining services as a result of the utilization of this website or for the related payment for such services.
3. Clients and/or their attorneys are solely responsible for interviewing potential service providers regarding their qualifications, for independently verifying the status of the provider's professional licenses, and for considering any history of complaints made to their licensing boards and the outcomes of those complaints.
4. I have attached a copy of my current California License as a Psychologist, Clinical Social Worker or Marriage and Family Therapist and/or verification of board certification in Psychiatry or Addiction Medicine as a Physician.
5. I agree to update and keep current all training required by law and the state regulatory board that governs my license as it pertains to my qualifications to provide the services indicated on my information form.
6. I agree to immediately submit to the Web site managers notice of any termination or suspension of my license, or other disciplinary action related to my license, and withdraw my name on the website list.
7. I certify that all of the statements I made on the information form regarding qualifications for services are true, complete and correct to the best of my knowledge, and I understand and agree to the conditions written above.

Signature of Applicant (Sign in ink)

License Number

Date Signed