

Jackson Counseling Services, L.L.C. Letter of Intent (LOI)

By signing below, Counselor indicates his or her intent to enter an agreement for Counselor to participate in Jackson Counseling Services United States Federal Government opportunity subject to contracting policies and agreement.

This Letter of Intent is merely an expression of the Parties' intent. You are under no obligation to participate if you change your mind.

In order to qualify for this opportunity, Counselor must have the minimum following qualifications:

- U.S. citizen
- Master's degree or higher in mental health related field
- A valid unrestricted license to provide non-medical counseling as an independent practitioner
Relevant and recent experience (within past 3 years) clearly indicating knowledge to successfully manage, sustain and deliver non-medical counseling service
- Fluency in English
- In addition, those wishing to provide behavioral health services to children and youth must have:
- Experience and expertise working with children/adolescents/youth in child development centers/daycare, schools and/or camps.

Required Counselor Information:

First Name

Last Name

Degree(s)

Name of Group, if applicable

Location Street Address

Mailing Address (if different)

City

State

Zip Code

Telephone Number

Fax Number

Individual NPI:

Numbers only, no dashes - please enter carefully!

If you do not have a National Provider Identifier (NPI) number, enter "none". Do not enter a Group number.

Email:

Experience:
License Type

In what state(s) are you licensed?

Children and Youth Behavioral experience:

By signing below, you attest that you meet the minimum qualifications described above and that the information provided in this LOI is true and accurate to the best of your knowledge.

Enter your full name to sign this document.

Date

Once completed fax to 732-431-0648 or email to support@jacksoncounselingservices.com