Trait-Based Licensing Application

Complete this application to become a Licensed Trait-Based Provider. Our team will review your submission and contact you within 2-3 business days.

- 1. Email *
- 2. Full Name
- 3. Email Address
- 4. Phone Number
- 5. Organizational Name
- 6. Website

7. What type of organization are you applying for?

Mark only one oval.

Residential Treatment Center

Outpatient Provider

- Sober Living Commumity
- Community Organization
- School (Prevention program)
- 8. How many facilitators will be trained?

Mark only one oval.

- 1-2
 3-5
 6+
- 9. How many clients do you plan to enroll in the first year?

Mark only one oval.

1-2021-50

- ____ 51+
- 10. Which License are you applying for?

Mark only one oval.



) Mid-Sized Program License – \$3,750 (3 Facilitators, 40 Client Seats)

─) Organizational License – \$7,500 (Unlimited Facilitators, 100 Client Seats)

11. How do you plan to implement the Trait-Based Model? (*i.e. - across specific levels of care, certain phases of the program, or across the board*)

12. What impact do you hope this model will have on your clients?

13. Do you have any questions for our team?

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