

## AFCC REFERRAL LIST FORM

The **AFCC Alberta Chapter** launched the referral list for AFCC members who are mental health practitioners and are currently providing professional services under Alberta Court of Queen's Bench Family Law Practice Notes 7 and 8. This list is available on our website for membership and for the general public to access. Please review the following information if you are interested in appearing on this referral list. Members wishing to appear on this list must be current members of AFCC and be registered, and in good standing, with their professional regulating body.

### Prorated - 2021 rates

Name and contact information *only* - **\$25.00 remainder of 2021**

Name, contact information, and website address - **\$37.50 remainder of 2021**

All of the above - Name, contact information, website address and picture - **\$50.00 remainder of 2021**

**Total owing \_\_\_\_\_**

You may pay online at <http://www.afccalberta.org/referral-page.html> (scroll to the bottom of the page to access our PayPal Link)

### PLEASE COMPLETE THE FOLLOWING FIELDS

AND RETURN TO [afccalberta@gmail.com](mailto:afccalberta@gmail.com)

[Note - these fields will be made available to the public]

NAME: (and designation)

PROFESSION:

COMPANY NAME:

ADDRESS:

PHONE:

EMAIL:

WEBSITE ADDRESS:(if paid for)

GEOGRAPHIC REGION OF PRACTICE:



*Please check all areas of practice below that you are qualified for relating to...*

**PRACTICE NOTE 7**

Evaluative Interventions

- Triage
- The Voice of the Child
- Parent Psychological Evaluation

Therapeutic Interventions

- Educational Sessions
- Mediation
- Therapeutic Intervention with One Parent
- Therapeutic Intervention with Both Parents
- Therapeutic Intervention with Child Only
- Therapeutic Intervention with Parenting & Children
- Remedial Facilitated Access/Parent-Child Reunification

Mediation/Arbitration

- Parenting Coordination

*Please check all areas of practice below that you are qualified for relating to ...*

**PRACTICE NOTE 8**

- Parenting Time/Parenting Responsibilities Evaluations

---

**Signature**

---

**Date**

**Governing Professional Body (required)** \_\_\_\_\_

**Scan completed form to [afccalberta@gmail.com](mailto:afccalberta@gmail.com) - complete the PayPal payment here**

<http://www.afccalberta.org/referral-page.html> (scroll to the bottom of the page for our  
PayPal Link)