

2017 Incubator Candidate Questionnaire

Thank you for your interest in participating in this practice development group! Please complete this form and return it to michelle@bohls.net. I will select a group from the applicants based on how much I feel I will be able to help them establish a successful private practice in the next year and a half. The fee for the incubator is \$1000 which covers 10 meetings or 30 hours total spread out over the course of 12 months and a one-on-one 45-min. private consultation. Payments can be made overtime (\$100).

Name: _____

Address: _____

Phone: _____ **E-mail:** _____

License: _____ **Specialties:** _____

Please list any memberships in professional organizations or training programs:

Are you currently in individual therapy, group therapy or a group consultation group? Please specify your personal therapy experience (length of time and modalities) _____

Special skills/strengths Please list any special skills you have that might help with establishing a private practice (marketing, creativity, public speaking, community building, business, consulting): _____

Special interests (activities you particularly enjoy – not necessarily related to building a private practice): _____

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How would you describe your relationship with money? _____

How would you describe your relationship with work? _____

What have you done in your past that best prepares you for this next phase in your life? _____

Why would you like to participate in this Private Practice Incubator? _____

What do you feel your biggest challenge(s) will be in opening a thriving private practice (be as specific as possible)? _____

What else would like me to know about yourself or your additional thoughts about the Incubator? _____

I understand that attending the Private Practice 101 class or watching the video is a Pre Req for this class _____ (an electronic initial will suffice)

I understand that you will run a credit card for each 3-hour meeting (\$100) even if I have a conflict and cannot attend. I understand the cost of the class is \$1000 and that I will be charged even if I change my mind about private practice, move away, or choose to drop out of the class. Please initial here _____ (an electronic initial will suffice)