

**Yellowstone Boys and Girls Ranch  
PRE-APPLICATION FORM**

Name in Full: \_\_\_\_\_ Date: \_\_\_\_\_

Office Address: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Residence Telephone: \_\_\_\_\_

1. Please indicate your clinical specialty and the category in which appointment and clinical privileges are desired.

A. CATEGORY: \_\_\_\_\_  
(See attached excerpt from Bylaws)

B. SPECIALTY (Check all that apply)

- \_\_\_\_\_ Physician
- \_\_\_\_\_ Psychiatrist
- \_\_\_\_\_ Psychologist
- \_\_\_\_\_ Clinical Supervisor
- \_\_\_\_\_ Case Management Coordinator
- \_\_\_\_\_ Primary Therapist
- \_\_\_\_\_ Nurse
- \_\_\_\_\_ Occupational Therapist/Vocational Rehabilitation Counselor
- \_\_\_\_\_ Recreation/Activity Therapist
- \_\_\_\_\_ Clinical Dietitian
- \_\_\_\_\_ Speech and Language Clinician

2. Where do you currently have professional staff appointment and clinical privileges or where you are planning to apply for such appointments?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. This form must be returned with copies of the following documents:

A. Current license to practice your profession in Montana.

- B. DEA registration number (physicians only).
- C. Current registration certificate with the Bureau of Narcotics and Dangerous Drugs (physicians only).
- D. Proof of certification in your area of specialty by a recognized board in your area of specialization or evidence of eligibility for such board certification.

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Signature

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Date