Mission: Share the Load's mental health professionals must have extensive experience working with the first responder/veteran/military populations. You must be able to check "Yes" to each item below to be considered as a preferred provider for this program.

☐ I understand that I must offer and regularly practice Accelerated Resolution Therapy (ART) and/or Eye Movement Desensitization Therapy (EMDR).
$\ \square$ A letter of recommendation detailing my experience working with the above population is included with this signed agreement.
$\hfill \square$ I have the capacity to take on four additional clients at the time of signing this agreement.
☐ I understand that <i>Mission: Share the Load</i> is grant-funded, and the use of an Outcome Rating Scale is required.
$\hfill \square$ I will assign new clients an individual Client ID as outlined in the agreement.
\square I understand that I will be reimbursed at a rate of \$100/hour for up to five weekly sessions per client.
☐ I have read and am familiar with <i>Competencies for Counseling First Responder Populations</i> .
$\ \square$ I understand that I must verify at client intake if my client responded to the December 2021 Hopkins County tornado.
$\ \square$ I will distribute anonymous program assessment at outtake. I understand my client is not required to complete or share his/her identity.
If you checked "Yes" to all of the above items, please contact patrickruddproject@qmail.com for next steps in the vetting process.

