



To the Applicant:

Thank you for your request for membership in the Outdoor Behavioral Healthcare Industry Council (OBHC). We appreciate your interest and the spirit of cooperation that led to your request and trust that together we can work to achieve a standard of safety and excellence that will benefit both council members and those they serve.

An application form is enclosed. Please be sure to include three letters of recommendation: one from a program participant, summarizing his or her experience; one from a parent; and one from a professional referral source. Also, please send a copy of the following:

- Your state licensing or certification
- Promotional material from your program
- Organizational chart
- Title page of insurance
- Copy of land use and other permits

Upon approval by the peer review committee, new applicants will be granted a provisional membership for a period of one year. Provisional membership fee is \$250. On-going fees are:

- OBHC Membership with OBHRC participation \$750 per year
- OBHC Membership without OBHRC participation \$1000 per year
- OBHRC Membership \$4000 per year (some variability)

OBHC Membership Dues are billed from January to December (Calendar Year)

OBHRC Membership Dues are billed from July 1 through June 30 of the following year (Fiscal Year)

If you have any questions, please contact Tricia MacInnes at 541-967-8722 ext. 202.

Applications should be sent to: OBHC
c/o Catherine Freer Wilderness
PO Box 1064
Albany, OR 97321

Membership Application

Please type or print in black ink.

Name of Organization:

Date Founded:

Admissions Phone: _____ **Fax:** _____

Field Office Phone: _____ **Fax:** _____

Executive and/or Program Director: _____

Average Length of Stay: _____

Credentials (use additional page if necessary):

Direct-Care Staff:

Clinical/Professional Staff:

Management:

Training Required for Direct-Care Staff:

Sex/Age Range:

Legal Entity Orientation:

Admissions Criteria:

Program Licensed by: Program Capacity: Academics Licensed by: Academic Credit

Given?

Program Model:

Program Description:

Facilities, location, size, characteristics:

3rd Party Payment:

Psychotropic Medication Allowed? Yes No Please Explain:

Tuition:

Parent Organization and Address:

Primary Source of Youth Referrals: Previous Names, If Any, of Organization:



Application Checklist

_____ **Completed Application Form**

_____ **State Licensing or Certification**

_____ **Program Promotional Material**

_____ **Organizational Chart**

_____ **Title Page of Insurance**

_____ **Copy of Land Use and Other Permits**

_____ **3 Letters of Recommendation**

<p>Application Approved: Date _____</p> <p>Membership Fees Received: Date _____</p>

I certify that the membership application for

(name of organization)

is complete and I recommend approval for a one-year provisional membership by the OBHIC Peer Review Committee.

Chairperson
Membership Committee