



Therapeutic Resources NYC Department of Education Bid Provider Sign Up Sheet

*Please fill out the following information and fax back both this sign up form and NYS license to 646-218-3768. You can also email forms to Wendy Toussaint (wtoussaint@therapeuticresource.com) or mail it directly to the attention of Wendy Toussaint at:
Therapeutic Resources, 36-36 33rd Street, Ste 500, Long Island City, NY 11106*

Provider Name: _____ Discipline _____

NYS License Number: _____ Expiration Date: _____

School Graduated From: _____

Degree Awarded: _____

Graduation Date: _____

Social Security Number: _____ - _____ - _____

National Provider ID (NPI) : _____
(If you have been assigned one)

Additional Qualifications (if any): _____

Work Status (check one): _____ Part Time _____ Full Time

Signature: _____ Date: _____