

**Application for RFP #6193, Licensed Independent Practitioner Services
and Agencies Providing Licensed Independent Practitioner Services**

Name: _____
Last First M.I.

Agency Contact and Email Address (if applicable):

Name: _____

Email Address: _____

Office address, telephone number, email and fax number:

Address: _____

Phone: _____

Email Address: _____

Fax: _____

Professional Discipline:

- Psychiatry
- Psychology
- Social Work
- Nurse Practitioner
- Physician's Assistant
- Registered Nurse
- Occupational Therapy
- Physical Therapy
- Speech & Language Therapy
- Diet & Nutrition
- Other: _____

Signature

Date

Return to: Washtenaw County Purchasing Division, 220 North Main Street, Ann Arbor, MI 48107