

Home Remedies: Community Options Addressing Pain and Stress
 SCREENING CHECKLIST FOR POTENTIAL PRESENTERS

Name: _____

Phone: _____ Email: _____

What modality do you practice? Please describe.	
Are you licensed or certified in North Carolina for the healthcare service you provide?	Yes No
Does your profession have an NC licensing board?	Yes No
Is your practice located in the Yancey-Mitchell area?	Yes No
How many years have you been in clinical practice?	# of years: _____
Have you established a healthy reputation with the medical community in our area?	Yes No
Please list two licensed healthcare providers who you have worked with in collaboration on patient care or have referred patients to you.	
Is your service on the NCCIH's list of Complementary and Alternative Medicines for pain, recovery, or stress related to such issues?	Yes No
Are you presenting a practice that can be done at home without having to purchase a device or tool?	Yes No
Please describe what skills participants will take home.	
How does your topic or service support the mission of <i>Home Remedies: Community Options Addressing Pain and Stress (COAPS)</i> , namely the prevention of pain or drug overuse? Please note evidence-based resources.	
Have you presented this topic to a group of more than 10 people?	Yes No
If so, please state date, location, topic, length of time/class, purpose of the class and feedback you received from participants and sponsors, if applicable. Please submit testimonials if possible.	

Thank you for providing this information. Please submit your completed application to Margot Rossi, Program Director at margotrossi@gmail.com. Your application will be reviewed by the COAPS Advisory Board, whose unanimous consensus will determine eligibility.