TCS Business Card Order Form

Fax to 513-771-4151 or email to trinityprinting@fuse.net
Orientation Next Day Turnaround ____ Yes (always deliver to office)

Name	as you	ı would like	it to appe	ear (Print A	ll Entrie	s):			
Crede	ntials a	as you woul	d like the	n to appear	after yo	ur name:			
Accer	otable I	Degree Choi	ices (LSW	s, Psycho	logy Ass	istants or As	sistants	must list their degree):	
MS		MA	Med	MSW	7	Ph.D.	Psy.I).	
Accer	table I	Licensure Cl	hoices:						
CT	LPC	LPC-CR	LPCC	LPCC-S	LISW	LISW-S	LSW	LIMFT	
TCS Email Address:@thecounselingsource.com First Initial Last Name								ource.com	
Title (Circle	One):							
Counselor Trainee					Psychol	Psychologist			
Licensed Professional Counselor						Clinical Psychologist			
Licensed Professional Clinical Counselor						Post-Doctoral Fellow			
Licensed Independent Social Worker						Licensed Social Worker			
Psych	ology A	Assistant (M	IA or MS	in Psychol	ogy – No	other licens	sure)		
Assist	ant (M	asters in rel	ated field	other than	Psycholo	ogy – No oth	er licens	sure)	
Licens	sed Ind	lependent M	Iarriage ar	nd Family	Therapist				
Menta	ıl Healt	th Therapist	(anyone	could use; o	check wi	th TCS and/o	or your l	icensure board)	
Delive	er to:	TCS O	ffice _	Addres	s Below	(only if you	can't rea	adily get to TCS office)	
Name									
Addre	ss:								
City:				S	state:	Zip:			
Phone	for De	elivery: ()						