

Attachment-Focused Treatment Institute

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Attestation Form

Please answer each question with a Yes or No. If you answer "Yes," please include a detailed and complete explanation and full documents pertinent to the situation you are describing.

1. Have you ever been convicted of a crime in any state or country (excluding minor traffic tickets)?
 YES NO If yes, please give full particulars.

2. Have you ever had any licensing board or professional ethics body ever require you to surrender your license or found you guilty of a violation of ethics codes, professional misconduct, unprofessional conduct, incompetence or negligence in any state or country? YES NO
If yes, please give full particulars and copies of charges, correspondence, and any findings.

3. Are there any complaints, charges or investigations pending against you by any licensing board or professional ethics body for violation of ethics codes, professional misconduct, unprofessional conduct, incompetence or negligence in any state or country? YES NO
If yes, please give full particulars and copies of charges, correspondence, and any findings.

4. Have you ever had any insurance company or Lloyd's decline, cancel, refuse to renew or accept only on special terms any professional liability insurance? YES NO
If yes, please give full particulars.

5. Has any professional liability claim, or suit ever been made against you? YES NO
If yes, please give full particulars and copies of any summons and complaints, pertinent correspondence, and outcome, if any.

6. Are there any circumstances of which you are aware that may result in any professional liability claim or suit being made against you? YES NO
If yes, please give full particulars.

7. Have you engaged in or ever been engaged in any sexual misconduct with any of your current or former patients or clients or any current or former patient's/client's spouse or any person with a direct relationship to the patient/client or former patient/client (for example a guardian, blood relative of the patient/client or spouse or any person sharing the patient's/client's domicile)?
 YES NO If yes, please give full particulars.
(Sexual misconduct means any actual or alleged erotic physical contact or attempt, threat or proposal thereof).

I swear or affirm that the above answers and any attached response to any questions I answered “yes” to are true, accurate, and fully complete. During the time period within which I am certified, I agree to inform the Attachment-Focused Treatment Institute of any changes in the above items (from a "no" to a "yes") within sixty days of my becoming aware of my change in status.

I understand that if I do not notify the Attachment-Focused Treatment Institute that will be cause for my immediate suspension and review of my certification status

SIGNATURE

DATE

PRINT NAME