



# Schenectady County Public Health Services

## 2024-2025 Schenectady County Provider Profile

Providers/Agency Name:

\_\_\_\_\_

Phone (cell) \_\_\_\_\_ Other Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Discipline: \_\_\_\_\_

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Geographic Areas (List in preferential order): \_\_\_\_\_,  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Schools/Daycare/Nursery Schools (List in preferential order): \_\_\_\_\_,  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Please list your current availability for new cases: \_\_\_\_\_  
\_\_\_\_\_

List your areas of specialty; \_\_\_\_\_  
\_\_\_\_\_

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Comments:(Please inform of any information you would like us to know for the upcoming year regarding your work for Schenectady County)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

As a provider, please select the age group that applies to your profile (Both can be checked)

Early Intervention (0-3)       Preschool (3-5)