OUTPATIENT MENTAL HEALTH CLINIC SALARY SURVEY FY 2009

Other - specify

	Name:	Name: Estimated annual clinic caseload:							7			
OMHC:				•				•	_			
	Mailing address:	Mailing address: Total # staff:										
- I									_			
PERSON	COMPLETING FORM	M: NAME:	Telephone:]			
POSITIO	N	Number of FTEs		CURRENT SALARY without	SALARY RANGE: MINIMUM (no fringe)	SALARY RANGE: MAXIMUM (no fringe)	FRINGE BENEFITS (AS % OF OVERALL SALARY)	TOTAL CURRENT SALARIES INCLUDING FRINGE BENEFITS	Number of employees	Number of involuntary terminations	Number of voluntary terminations	VACANCY RATE
Executive	Director									1		1
Medical D	Director											
Clinical D	irector											
Psychiatri	ist: Adult											
Psychiatri	ist: Child											
Psycholog	gist											
Psychiatri	ic nurse practitioner											
Nurse ps	ychotherapist											
Social Wo	orker - LCSW-C											
Social Wo	orker - LGSW											
Professio	nal Counselor-LCPC											
Professio	nal Counselor-LGPC											