

NOTE: When you have attended at least 2 meetings and are ready to become a Member of CTH, contact membership@charlottetranshealth.org to obtain the fillable Membership Application. Please do not attempt to sign and return this pdf. Thanks!

Information about the Charlotte Transgender Healthcare Group

Submitting this attestation annually is a requirement for all clinical healthcare providers to become members of Charlotte Transgender Healthcare Group (CTHCG). CTHCG is a voluntary group of interdisciplinary health care providers dedicated to providing affirming care and ongoing education in the provision of care to Transgender and other Gender Diverse members of our community and/or their families. All providers listed on the website (charlottetranshealth.org) must have signed this attestation and attended at least 2 meetings per calendar year. Attestations, trainings, volunteer hours, and meeting attendance are reviewed and updated on an annual basis by the membership committee.

Other sections of the Membership Application include demographic information about providers (this is voluntary and the date is used for grant applications), information about your practice, and your self-rating regarding your competency in working with TGD patients.

TERMINOLOGY

****TGD:** Please note that we use the term TGD (Transgender and Gender Diverse) is meant to include those individuals who identify beyond the gender binary, including but not limited to: genderqueer, gender non-conforming, gender expansive, bigender, genderfluid, transsexual, or other specific terms that individuals feel may more accurately describe their experience or identity.

Annual Attestation

I am committed to becoming a member of CTH and to providing affirming healthcare services to the transgender and gender diverse (TGD**) community. I further understand that as a member I am consenting to be listed in the Charlotte Trans Health directory of trans-affirming providers and am consenting to my name and practice information to be distributed to the TGD community of Charlotte, North Carolina and surrounding areas via website, listservs, and in print.

I understand that by signing this, I am confirming the following statements are true, and if found to be false my membership and any associated listings may be revoked:

1. I am a licensed or license eligible healthcare provider in good standing with my licensing board and attest to following HIPAA confidentiality regulations as related to interdisciplinary consultation and any other considerations related to protected health information. (only to be superseded by NC State Law when requirements, standards, or implementation specifications are more stringent than those imposed by HIPAA)
2. I currently provide healthcare services to TGD individuals residing within the greater Charlotte community.

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3. I have attended at least 2 Charlotte Trans Health Monthly Meetings and am committed to continuing to attend at least 2 of the 11 monthly meetings held annually.

4. I am personally and professionally affirming, supportive, and dedicated to informing myself on gender identity, gender expression, and all TGD issues and committed to continuing my education on TGD healthcare and serving the TGD community.

4a. I am committed to practicing within my level of competency for each age group I serve, and will formally assess this competency level annually

4b. I will not practice outside of my scope of competency and will utilize referral sources and clinical consultation as appropriate.

5. I am personally and professionally committing to creating an affirming environment and will not discriminate based on race, ethnicity, gender identity and/or expression, sexual identity, sex, age, socio-economic status, religion, ability, nation of origin, or citizenship.

6. I will contribute annually to my best ability and according to current Membership Dues requirements to support the financial operations of Charlotte Trans Health and overall accessibility and advocacy efforts of CTH.

6a. I understand the Annual Dues requirement is \$40 and that any additional amount I may decide to contribute to the organization will be used for operations costs and budget items approved by the executive board to meet the mission and purpose of the organization.

6b. I understand my membership is not dictated by my financial ability to pay my dues, but that my membership will not be considered active until I have paid my dues or contacted the Membership Committee Chair to receive a Dues Waiver form.

6c. I understand that CTH waives the Annual Dues requirement for transgender and gender diverse providers as a form of reparations to the TGD community.

7. I will commit annually to at least 4 hours of volunteering of my time to approved organizational events/leadership activities supporting the organization and TGD community (e.g., TDOR, Pride, Black Pride, TDOV, Trans Pride, CTHCG committee participation/leadership etc.)

8. I will commit annually to attending at least 4 hours of TGD healthcare continuing education and understand that opportunities to meet this requirement will be offered by the organization through designated 'Provider Education Meetings' I may choose to attend or by attending/presenting TGD specialized CE/CEU hours as approved by a medical and/or mental health accrediting body recognized by one of our state licensing boards.

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9. I recognize that my membership and any associated listings can be revoked and may not be reinstated without a review following the executive board vote including the following reasons:

9a. If I do not uphold my commitments to affirmative TGD care as listed above, including attending two meetings annually, volunteering 4 hours annually, and attending 4 TGD healthcare CE hours annually.

9b. If my license is suspended, revoked or any other disciplinary action has been taken by my licensing board.

9c. If I engage in unethical behavior or I knowingly collaborate with a provider/agency and/or work in partnership with a provider/agency that engages in unethical behavior that causes potential significant risk to vulnerable populations.

9d. If it is determined that I have in any way been detrimental to the TGD community.

OTHER CREDIT & RESOURCES

The attestation statement was adapted from the Missouri Transgender Health Network <http://www.transgenderhealthnetwork.org/> and Minnesota Transgender Health Coalition: <http://www.mntranshealth.com/>. Competency Rating Scale was adapted from Heather Stambaugh, LCSW (<https://www.lakelandgbttherapy.com/new-blog/>), Dara Hoffman Fox, LPC (<http://darahoffmanfox.com/resources/mental-health-professionals/>) and Alsobrooks, A., & Savoy, H. (2018) Determining and Enhancing Cultural Competency for Working With Transgender Clients (<https://www.drhollysavoy.com/resources.html>).

DISCLAIMERS:

Please note that inclusion in Provider Directory list does not mean endorsement by the Charlotte Trans Health or its members.

If a provider is not listed here, it does not mean that they are transphobic or not an affirming provider. The list is simply limited to providers that sought membership with our group and met our criteria for membership.

Inclusion here does not guarantee that the provider is completely knowledgeable or competent in all matters of transgender-related health care but means simply that they signed our membership attestation and have attended at least 2 meetings.

We do not do background checks on the health care providers listed here and therefore can

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make no representation about their licensing, accreditation, or other professional qualifications. You may wish to check such information with the state licensing boards and/or professional organizations that license them.

Our provider directory listings may not be used for soliciting, marketing, or canvassing purposes and providers cannot pay to be listed on our directory.