



Create a Free Provider Directory Listing

Please complete and return to:

1133 19th Street, Suite 302, Washington, DC 20036

Or fax to 202-478-1500, or email to providerdirectory@glma.org

To give information via telephone, call (202) 600-8037 ext. 304

To submit information directly into our database, visit www.glma.org/providers

LGBT Welcoming Healthcare Provider - Contact Information

All Fields Required

First Name	MI	Last Name	Degree(s)
Organization		Department	
Street Address			
City	State	Zip	Province/Country
Phone	Ext	Email	
Specialties++			Profession
Types of Payment Accepted			Community Partner Code (if applicable)
License Number	Licensing Body	Country	State/Province

++ These fields will be best matched to our drop down menu. Listings can be edited after you receive your user name and password.

Sign me up as **Straight for Equality**. (Visit www.straightforequality.org for more information.)

GLMA's Healthcare Equality Pledge

Lesbian, gay, bisexual, and transgender (LGBT) persons have a right to competent and sensitive healthcare providers, who understand their unique health concerns and treat them and their families with respect. To be listed in GLMA's Provider Directory, you must affirm each of the statements below. To learn more about the unique healthcare concerns of LGBT individuals, we encourage you to watch GLMA's webinar series, "[Quality Healthcare for Lesbian, Gay, Bisexual & Transgender People](#)," and read GLMA's "[Guidelines for Care of Lesbian, Gay, Bisexual, and Transgender Patients](#)."

_____ initial here I welcome lesbian, gay, bisexual and transgender individuals and families into my practice and offer all health services to patients on an equal basis, regardless of sexual orientation, gender identity, marital status, and other non-medically relevant factors.

_____ initial here I believe that lesbian, gay, bisexual and transgender identities are within the spectrum of normal human experience and are not in themselves pathological, "unnatural," or sinful. I therefore do not promote or support attempts to change patients' sexual orientation or gender identity.

_____ initial here I respect the visitation and healthcare decision-making rights of lesbian, gay, bisexual and transgender patients/clients, their unmarried partners, their non-biological children, and any others they may define as family for the purposes of visitation and healthcare decision-making.

_____ initial here I commit to taking steps to make my practice fully inclusive of lesbian, gay, bisexual and transgender persons as reflected in written forms, policies and procedures, appropriate training for all clinical and administrative staff, and standardized assessments.

_____ initial here I commit to taking steps to learn about the unique health concerns of lesbian, gay, bisexual and transgender individuals and families so that I can provide the highest quality care to them.

By signing below, I agree that I have read and understand the above pledge and I affirm my commitment to nondiscrimination and creating a welcoming environment for lesbian, gay, bisexual and transgender persons in my practice, and I agree to GLMA's Provider Directory Terms of Use.

Signature _____ Date _____

1. Would you like your office address to appear in your Provider Directory listing?

Yes
No

2. Please state how you identify your gender/gender identity. ++ ** Use any preferred terms you would like.

3. Please list languages spoken: ++

4. Please state how you identify your race/ethnicity ++ **

American Indian/Alaska Native
Asian/Pacific Islander
Black/African American
Hispanic/Latino/a
White/Caucasian
Other _____
Decline to State

5. Please state how you identify your sexual orientation ++ **

Gay
Lesbian
Bisexual
Heterosexual
Other _____
Decline to State

6. Please state your client focus ++, if any. For example: Transgender-MTF, Elders, Hispanic/Latino/a

Once you complete this form, save for your records, then email to providerdirectory@glma.org or fax to (202) 478-1500

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** GLMA is in the process of modernizing and updating its database and Provider Directory. The current options in the demographic section may not reflect your preferred choices. For the time being, please mark the choice that most closely corresponds to your preference. We appreciate your patience.

Join GLMA for an Enhanced Provider Directory Listing

By joining GLMA, you will support our mission to ensure equality in healthcare for lesbian, gay, bisexual and transgender (LGBT) individuals and healthcare providers, and realize benefits including access to a weekly LGBT Health Digest, discounted conference registration, and access to a network of likeminded health professionals.

In addition, as a GLMA member, your Provider Directory will be prominently placed and your listing can be enhanced with a personal statement, a photograph, affiliations and appointments, additional office addresses, email address and maps

For more information, visit www.glma.org/join.