**Private Practice Self-Assessment**

1. Do you understand your own passions? What type of work “fills your bucket” and brings you satisfaction? How will private practice fulfill you?
2. Do you know who you want to work with, what services or combinations of services you want to offer, and who might be interested in purchasing those services for you? What difference will your work together make in your clients’ lives?
3. Do you have the clinical skills required to work independently in private practice, or do you have a supervision and professional development plan in place to get you there?
4. Have you thought about potential ethical or dual relationship conflicts might that might arise in your practice due to the nature of your location, work, and client interests?
5. Do you understand your own personal level for tolerating business and financial risk and uncertainty, and do you understand how your risk tolerance impacts your decision making?
6. Do you enjoy working independently and the idea of being fully accountable for client care and business management decisions, including clinical, marketing, and administrative activities?
7. Do you understand the expenses, and true costs in time and money of running a private practice or is this an area where you still need more information?
8. Have you thought about what your potential transition to private practice would look like, or the next steps in your transition period if you have already started?
9. Do you have the skills or contacts to market your business or is this an area of development for you?
10. On a scale of 1-10, how would you rate your knowledge and comfort with practice administration requirements (e.g. record keeping, liability insurance, privacy and security considerations)?