



EMPLOYEE ASSISTANCE NETWORK

CLINICAL AFFILIATE APPLICATION

Name: _____

Group Practice Name (if applicable): _____

*Please attach the credentials of the therapists in the practice who will be seeing EAP clients

Office Address (list all if there is more than one):

Mailing and Payment Address

Office Address #1

Street: _____

Suite/Room #: _____

City/State/ZIP: _____

Office Address #2

Office Address #3

Street: _____

Suite/Room #: _____

City/State/ZIP: _____

Payment of Services to be Made to: _____

Office Telephone: _____

Intake Contact Person: _____

24-Hour Telephone: _____

Fax Number: _____

Current Position/Title: _____

Tax ID Number: _____

Website: _____

Email: _____

May we send clinical paperwork via email? _____

1. EDUCATION

Highest Degree Earned: _____

Year: _____

Program: _____

University: _____

Alcohol/Drug Training: _____

Number of years work experience (post graduate): _____

2. CERTIFICATION/LICENSURE

*Please attach copy of current license or certification

Type: _____

State: _____

Year(s) Obtained: _____

Number of years providing counseling/therapy/evaluation: _____

Number of years working in current geographical location: _____





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3. Please specify populations in your practice:

- Children Adolescents
 Adults Couples
 Families

4. Please specify primary areas of practice:

- | | |
|--|--|
| <input type="checkbox"/> Emotional/psychological | <input type="checkbox"/> Domestic violence |
| <input type="checkbox"/> Marital/relationship | <input type="checkbox"/> Anger management |
| <input type="checkbox"/> Grief/loss | <input type="checkbox"/> Trauma |
| <input type="checkbox"/> Divorce | <input type="checkbox"/> Career counseling |
| <input type="checkbox"/> Job stress | <input type="checkbox"/> Substance abuse |
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Compulsive gambling |
| <input type="checkbox"/> Other: _____ | |

5. Please list primary therapeutic models:

6. Do you have any other relevant training (e.g., critical incident stress debriefing, SAP)?

7. Please describe your experience providing EAP counseling:

8. Please list workshops you could give to employee groups:

9. Do you speak a language(s) other than English?

- Spanish French Other: _____

10. **Optional:** Do you wish to have your race/ethnicity listed for response to a particular client's request for such a provider? Yes No

11. Please list insurance carriers or managed care companies for which you participate as an in-network provider:

- | | | |
|--|-----------------------------------|--|
| <input type="checkbox"/> PHCS | <input type="checkbox"/> BCBS PPO | <input type="checkbox"/> Humana Provider |
| <input type="checkbox"/> United Healthcare/UBH | <input type="checkbox"/> Magellan | <input type="checkbox"/> Cigna |
| <input type="checkbox"/> Others: | | |





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12. Has your license/certification ever been suspended or revoked by any state licensure/certification board?

No Yes – please explain:

13. Have you ever been censured by a state medical (or other professional) society?

No Yes – please explain:

14. Liability Insurance: Please attach a copy of your current Professional Liability Insurance policy face sheet:

Name of carrier:

Coverage limits per occurrence:

Aggregate:

15. Reserve Affiliate Information (your coverage when you are on vacation, etc.):

Name: _____

Phone number: _____

Degree: _____

I represent and warrant that the information provided herein is true, complete and correct.

I give the Employee Assistance Network permission to verify this information that is usual and customary.

Signature: _____ Date: _____

Please attach current resume or vitae to application along with:

- Copy of **current** license/certification
- Copy of **current** Professional Liability Insurance face sheet

ATTENTION: In order to maintain active status in the EAN Affiliate Network, you must submit a copy of your **current** licensure and liability insurance on an ongoing basis.

Return to: Employee Assistance Network
Attn: Provider Relations
One North Dearborn, 10th floor
Chicago, IL 60602

Phone: 312-986-4249
Fax: 312-986-4187

