



# EAP Provider Credentialing

## Part 2: Clinical

To be completed by each clinician serving EAP clients

Clinician Name & Credentials \_\_\_\_\_  Female  Male

Practice (if different from clinician name) \_\_\_\_\_

Appointment days/hours \_\_\_\_\_

Clinician email address \_\_\_\_\_

If multiple locations, in which office(s) do you practice? \_\_\_\_\_

### Other EAP Related Services

Please check services you wish to provide:  EAP in-person counseling  EAP video counseling  
 Crisis Response  DOT/SAP evaluations

If able to provide Crisis Response services, note experience and provide documentation of training:

Work force changes  Natural Disasters  Work Site Trauma  Death/illness

Others: \_\_\_\_\_

If interested in consideration for conducting on-site trainings/workshops for EFR contracted companies, please identify training topics in which you have experience and interest:  Stress Management  Downsizing

Workplace conflict  Coping with change

Others: \_\_\_\_\_

### Practice Specialties

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> ADD/ADHD             | <input type="checkbox"/> Developments Disabilities   | <input type="checkbox"/> Learning Disabilities     |
| <input type="checkbox"/> Adolescents          | <input type="checkbox"/> Domestic Violence           | <input type="checkbox"/> Men's Issues              |
| <input type="checkbox"/> Adults               | <input type="checkbox"/> Drug/Alcohol Education      | <input type="checkbox"/> Mood Disturbance          |
| <input type="checkbox"/> Anger Management     | <input type="checkbox"/> Eating Disorders            | <input type="checkbox"/> Pain Management           |
| <input type="checkbox"/> Anxiety/Panic/Phobia | <input type="checkbox"/> Financial Problems          | <input type="checkbox"/> Physical/Medical Problems |
| <input type="checkbox"/> Blended Families     | <input type="checkbox"/> Fire/Police/Military        | <input type="checkbox"/> Pre-Marital               |
| <input type="checkbox"/> Career               | <input type="checkbox"/> Gambling                    | <input type="checkbox"/> PTSD                      |
| <input type="checkbox"/> Children             | <input type="checkbox"/> Gay/Lesbian Issues          | <input type="checkbox"/> Sexuality                 |
| <input type="checkbox"/> Couples              | <input type="checkbox"/> Gender Identity/Transgender | <input type="checkbox"/> Spirituality              |
| <input type="checkbox"/> Cultural Diversity   | <input type="checkbox"/> Gifted/Talented Issues      | <input type="checkbox"/> Women's Issues            |
| <input type="checkbox"/> Deaf/Hard of Hearing | <input type="checkbox"/> Grief                       | <input type="checkbox"/> Work Performance Referral |

### Substance Abuse Screening

Do you routinely **screen** drug and alcohol use as part of your psychosocial assessment?  Yes  No

Is drug/alcohol use assessment a strength or specialty in your practice?  Yes  No

If not, do you have colleagues available with whom you can consult when needed?  Yes  No  
 \*\*\*It is an expectation that clients be referred for further SA evaluation or services based on your screening.\*\*\*  
 Please list any Chemical Dependency certifications:

### Multicultural Services

Languages spoken other than English: \_\_\_\_\_

If experienced in serving culturally diverse populations, please specify cultures served:  
 \_\_\_\_\_

Clients sometimes request a counselor of a specific race, sexual orientation, or military background. Please provide this information if you are willing to do so. These details have no impact on your application for participation in the EFR EAP network.

Race (optional):  African American or Black  Asian  Caucasian  Hispanic or Latino  
 American Indian or Alaska Native  Native Hawaiian or other Pacific Islander  Two or More Races  
 Other, please specify: \_\_\_\_\_

Sexual Orientation (optional):  Heterosexual  LGBT  Other, please specify: \_\_\_\_\_

Military Service (optional):  Yes  No

### Disclosure

For any 'yes' responses, please attach details of the legal matter, complaint, or disciplinary action along with current status. Further information or documentation may be requested by EFR.

	Yes	No
1) Have any formal disciplinary or criminal charges ever been filed against you with any licensing board, employer, or any other authority?	Y	N
2) Have any complaints ever been filed against you with any licensing board, employer, or any other authority?	Y	N
3) Have you ever been convicted of or charged with any crime related to your professional duties?	Y	N
4) Have you ever been convicted of or charged with a felony?	Y	N
5) Has any investigation by a licensing board, employer, or any other authority determined that any of your professional practices were outside the boundaries of your licensing?	Y	N
6) Has your ability to practice under your licensure or any other certification been denied or restricted in any way by a licensing board, employer, or any other authority?	Y	N
7) Have you ever been terminated from professional employment or had privileges and participation terminated by any managed care organization, EAP, or other organization?	Y	N
8) Have any lawsuits or arbitration related to your professional practice ever been filed against you?	Y	N
9) Have you ever been excluded from any federal, state or other government program participation?	Y	N
10) Has any professional liability carrier ever denied, not renewed, or limited your coverage?	Y	N

### **Client Bill of Rights**

Employee & Family Resources is a distinguished organization with a proud history and an exciting future in human services. Employee & Family Resources is a notable resource connection for individuals, families, communities and organizations in need of accessible, affordable, and quality assistance. In reading and signing this form, you are agreeing to provide services that are in keeping with the mission, vision, and beliefs of Employee & Family Resources.

#### Mission

The mission of Employee & Family Resources is to enhance the emotional and behavioral well being of individuals, families, organizations and communities. This is accomplished by connecting people with solution-focused resources through substance abuse and violence prevention, assessment and referral, case management and advocacy services.

#### Vision

Employee & Family Resources will maintain professional and culturally competent staff committed to the ethical provision of the highest quality education and professional development, prevention, assessment and referral, short-term counseling, case management and communication accessibility services.

#### Core Values/Beliefs

To assist families in realizing health and wellness and to affect our vision of a strong community, it is our belief that individuals and families be treated with the utmost respect and dignity. The following tenets characterize our philosophy and our dedication to the way individuals and families are treated in our organization:

- Clients are resilient and self-reliant and we must work to maximize their internal available resources.
- We value the highest level of integrity, honesty and ethical standards in our behavior within and outside of EFR.
- Clients have the right to services from a culturally diverse and competent staff that promotes nondiscrimination, cultural sensitivity, and language accessibility.
- Staff will strive to do everything possible to help clients achieve their goals and desired outcome.
- We embrace confidentiality as a basic right of our employees, customers and clients.
- Clients have the right to receive services without fear of jeopardizing their employment or family relationships.
- Clients will receive non-conflicted assessment, referral and/or short-term counseling services.
- We promote safe, high quality, easily accessible and timely services for our corporate and individual clients.
- Clients have the right to ask for additional services or for different counselors if they are not satisfied with the services they receive.

**I have completed the above application completely and honestly; I have received and/or have access to the Provider Manual and understand and agree to its content; and I agree to the Client Bill of Rights stated above.**

---

Clinician Signature

Date