EFR EMPLOYEE & FAMILY RESOURCES

**Employee & Family Resources, Inc.®**

# Prospective Network Provider

Practice Name:_______________________________________ Date:___________________________

Contact Person: _____________________________________________Title: ________________________

Phone: ________________________________Fax:______________________________________

Email: ______________________________________Website: _____________________________________

Mailing Address:_____________________________________________________________________________

Clinical Address (s):__________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

Days/hours of appointment availability:_____________________________________________________

Are your offices handicapped accessible? ____Yes ____No

Does your practice have experience serving culturally diverse populations? ____Yes ____No

If yes, please specify: _________________________________________________________________

Does your practice include any bilingual clinicians? ____Yes ____No

If yes, please specify language(s): ______________________________________________________

Does your practice have experience providing EAP services? ____Yes ____No

Does your practice have experience providing substance abuse assessment? ____Yes ____No

Does your practice provide Critical Incident Stress Debriefing? ____Yes ____No

Does your practice provide federal DOT Substance Abuse Prof evaluations? ____Yes ____ No

Is your practice interested in providing training services to companies? ____Yes ____ No

If so, what type:_______________________________________________________________________

_____________________________________________________________________________________

Mail, fax, or email this request to:
Provider Relations
Employee & Family Resources
505 5th Avenue, Suite 600
Des Moines, IA 50309-2319
Fax (515) 284-5201
ProviderRelations@efr.org