



Part 1: Administrative

Administrative Information

Mailing/Billing Address: _____

Address	City	State	Zip
---------	------	-------	-----

Address	City	State/Zip	Days/Hrs of availability
---------	------	-----------	--------------------------

Primary:
Others:

Recipient of administrative email _____

Accessibility

Are your services accessible to individuals with physical disabilities? _____ Yes _____ No
Does your practice provide a private waiting area for clients? _____ Yes _____ No
Are clients able to get to your office via public transportation? _____ Yes _____ No

Multicultural Services

Does your practice provide cultural competency training for staff? _____ Yes _____ No
Are clinicians able to provide clients with local diversity resources? _____ Yes _____ No

Liability

Has this practice or any individual within this practice at any time had licensure, certification and/or accreditation suspended or revoked and/or received a reprimand or been involved in a judicial proceeding due to improprieties with respect of their professional practice? _____ Yes _____ No

If yes, please explain the circumstances and outcome in detail and attach to this application.

Does your practice perform either a pre-employment or post-employment criminal background checks on all counselors? _____ Yes _____ No

Does your practice have a plan and/or provide training to staff to protect clients, staff and clinicians in potentially violent situations? _____ Yes _____ No

The following must accompany this form for completion of a provider contract:

- _____ Copy(s) of professional liability insurance reflecting each clinician covered.
- _____ Completed W-9 form for each applicable tax ID.
- _____ Completed EAP Provider Credentialing: PART 2: Clinical form for each clinician serving EAP clients.
- _____ Resumes for each clinician seeking credentialing, if available.
- _____ Licenses/certifications for each clinician seeking credentialing.

Return this application to:

Provider Relations
Employee & Family Resources, Inc.
505 5th Avenue, Suite 600
Des Moines, IA 50309-2319

Phone (866) 834-3580 • Fax (515) 284-5201

Website: www.efr.org • Email: ProviderRelations2@efr.org

Thank you for your interest in being a provider for Employee & Family Resources EAP!