

Have you had Critical Incident Stress Debriefing training? Y / N

Do you have experience conducting Critical Incident Stress Debriefings? Y / N

Do you have experience conducting Employee Orientations about EAP services? Y / N

Do you have experience conducting Supervisory Trainings on behalf of EAPs? Y / N

Please detail any trainings you have conducted: _____

Do you have Chemical Dependency experience? Y / N

If yes, please complete the following:

Types of setting(s) - Please check all that apply:

Detox _____ Residential _____ Partial Hospitalization _____ IOP _____

Aftercare _____ Private Practice _____ Assessments Only _____

Years of Outpatient experience: _____ Years of Inpatient experience: _____

Are you currently doing Department of Transportation substance abuse evaluations? Y / N

If yes, have you met the new Department of Transportation requirement that goes into effect 12/31/03? Y / N

Please provide additional details about your chemical dependency experience

Please list all the insurance panels that you are currently a provider for:

Please list the primary client populations with whom you specialize in working: (i.e. Women's Issues, Gay/Lesbian Issues, Couples, Families, ADHD, Anxiety/Depression, Substance Abuse.)

1. _____
2. _____
3. _____

Do you work with children? Y / N

If so, what is the youngest age child you would see? _____

Hours available to see clients? Days: Y / N / As needed

Evenings: Y / N / As needed

Weekends: Y / N / As needed

I hereby attest that the information presented above is, to the best of my knowledge, completely correct. I also understand that this document is a "Letter of Intent." By signing this I am indicating my interest in working with **FADV EAP** and agree to the terms of the Network Counselor Agreement signed by myself or as agreed to by my employer.

Signature: _____ Date: _____