

COUNSELOR INFORMATION

Each counselor who wishes to participate in the EAP must fill out this form and return to the address below with a signed copy of the Letter of Understanding, a copy of your state-issued license, W-9 form, and liability information.

1) Full Name: _____

2) Degree (highest completed):

PhD Masters Bachelors Other _____

3) Discipline:

Psychologist Social Worker Minister
 Psychiatrist Addictions Counselor Marital/Family
 Other (please specify) _____

4) If you cannot attach a copy of your current state-issued license, please explain why:

5) Patient groups (check all that you personally are willing to counsel):

Individuals Couples/Marital Families
 Children/Teens/Adults (list age range) _____

6) Do you have any specialties?

Addictions Substance Abuse Stress/Anxiety/Grief
 Parenting Faith Based Counseling Trauma
 Playtherapy LGBTQ issues ADD/ADHD
 Men's issues Women's issues Bilingual (list below)
 Mood disorders Geriatrics (over 65) Hypnosis
 Other: _____

7) If your agency has more than one location, where do you practice? List days and hours.

8) Are you CISD trained? Yes No

9) Are you a certified Substance Abuse Professional (SAP) qualified to provide assessments for CDL drivers accused of drug/alcohol related violations (not including DUI/DWI)? Yes No