

Number of years of specific EAP experience. (Must have at least one year to be approved) _____

Additional Services Provided: (check all that apply)

- Employee Orientation/Training Wellness/Educational Seminars Workplace Consultation
 Supervisor Orientation/Training Post Trauma Debriefing Other _____

Are there any problem areas or groups you do not specifically assess? (We need you to be able to assess, not treat, anyone over 5 years old.)

If yes, please specify: _____ Yes No

Can you provide assessment in a foreign language? (If yes, check all that apply) Yes No

- Spanish French Italian German Russian
 Hebrew Arabic Chinese Japanese Other _____

Are you fluent in sign language? Yes No

Do you provide a cultural or ethnic specialty in your practice? (If yes, check all that apply) Yes No

- African American Hispanic Holocaust Survivors Gay-Lesbian
 Native American Asian Vietnam Veterans Other _____

CLINICIAN STATEMENT OF UNDERSTANDING

***You must answer "YES" to statements #1 through #4 in order to be considered for approval.**

1. I have enclosed a copy of my resume, which includes my present position/responsibilities and specific EAP experience I have. Yes
2. I have some experience performing alcohol and other drug assessments as stated on my resume OR I have included an addendum outlining my alcohol and other drug assessment experience. Yes
3. I have included a copy of my current mental health provider state licensure. Yes
4. I have included a copy of my insurance coverage. Yes
5. I have enclosed copies of my college transcripts if I have a Master's degree other than a MA/MS in Clinical/Counseling Psychology, MSW, DSW, PsyD or PhD. Yes No N/A
6. I have significant experience in performing alcohol and other drugs assessments and have completed the Substance Abuse Specialist Request form. Yes No Did Not Apply
7. I have experience and formal training in Post Trauma Intervention and have completed the Trauma Specialist Request form. Yes No Did Not Apply
8. I have significant experience in performing trainings and have completed the Training Specialist Request form. Yes No Did Not Apply

I hereby certify that all responses & information provided pursuant to the above requests are complete, true and correct to the best of my knowledge. I understand incomplete applications will be returned and I will not see FEI clients unless approved.

Clinician's Signature: _____

Print Name: _____ Date: _____

FEI Behavioral Health 11700 West Lake Park Drive Milwaukee, WI 53224 (800) 782-1948 Fax: (414) 359-1973
NOTE: INCOMPLETE APPLICATIONS WILL BE RETURNED. CLINICIANS MUST BE APPROVED BY FEI PRIOR TO SEEING FEI CLIENTS.

**FEI SUBSTANCE ABUSE SPECIALIST
REQUEST FOR APPROVAL**

In addition to my request for, or approval under, FEI Behavioral Health (FEI) criteria for General Assessment Clinician, I am requesting approval as an FEI Substance Abuse Specialist on the basis of one of the following below (complete and attach all information identified in section checked):

1. I possess a state or national licensure/certification in alcohol and/or drug abuse counseling (**Attach copy of current Licensure/Certification**):

_____ _____ _____ _____
(Licensure/Certification Type) (State) (Lic./Cert. Number) (Expiration Date)

2. I possess a minimum of 3,000 hours of supervised substance abuse direct counseling experience (pre and/or post Master's Degree) with demonstrated expertise in conducting comprehensive, standardized drug and alcohol assessment. **(If your attached resume does not highlight this experience, attach a summary sheet addendum identifying all of your specific substance abuse experience. List job title, organization name, dates of service, and percent of time performing substance abuse direct service for each position.)**

3. I do not meet the requirements identified in 1 or 2 above, however, I possess knowledge, expertise, training and clinical experience in the diagnosis and treatment of alcohol and drug related disorders as identified below:
(Must complete all of the following items)

- a) I currently conduct approximately _____ substance abuse assessments monthly.
- b) I possess _____ hours of continuing education credit in alcohol and/or drug abuse.
- c) I currently act as a Substance Abuse Professional (SAP) and provide substance abuse evaluation under the Department of Transportation (DOT) regulations: Yes No
- d) The experience which I feel qualifies me as a FEI Substance Abuse Specialist includes (complete or attach summary addendum with info as specified in item 2 above):

I hereby certify that all of the responses and information provided pursuant to the above are complete, true and correct, to the best of my knowledge.

Signature _____ Print _____ Date: _____
Of Clinician: _____ Name _____

Affiliate Name _____

City, State _____

Send to: FEI Behavioral Health 11700 West Lake Park Drive, Milwaukee, Wisconsin 53224

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For FEI use only:

Approved Denied Staff: _____ Date: _____

**FEI TRAUMA SPECIALIST
REQUEST FOR APPROVAL**

In addition to my request for, or approval under, FEI criteria for General Assessment Clinician, I am requesting approval as an FEI Trauma Specialist on the basis of having specialized Post Trauma Intervention training and experience, as described below:

1) Identify the organization that provided the Post Trauma Intervention training you underwent:

- FEI Behavioral Health
 Other Organization (specify) _____

Name of Training Course: _____

(Attach copy of Course Syllabus and Certificate of Completion)

2) When did you receive this training? Month _____ Year _____

3) How many traumatic incidents have you responded to since you underwent the training?

Group Debriefing Led _____ Group Debriefings Assisted _____
On-Site Management Consultation _____ On-Site Crisis Intervention/Support _____

4) How many traumatic incidents have you responded to in the past two years?

Group Debriefings Led _____ Group Debriefings Assisted _____
On-Site Management Consultation _____ On-Site Crisis Intervention/Support _____

5) Identify the types of traumatic incidents and workplace traumas (i.e., natural disasters, workplace violence, suicide, downsizing, etc.) that you have responded to:

6) If applicable, identify any other relevant experience or training you have in trauma work:

I hereby certify that all of the responses and information provided pursuant to the above are complete, true and correct, to the best of my knowledge.

Signature _____ Print _____ Date: _____
Of Clinician: _____ Name _____

Affiliate Name _____

City, State _____

Send to: FEI Behavioral Health 11700 West Lake Park Drive, Milwaukee, Wisconsin 53224

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For FEI use only:

[] Approved [] Denied Staff: _____ Date: _____

**FEI TRAINER SPECIALIST
REQUEST FOR APPROVAL**

In addition to my request for, or approval under, FEI Behavioral Health (FEI) criteria for General Assessment Clinician, I am requesting approval as an FEI Trainer Specialist on the basis of the following below (complete and attach all information identified in section checked):

Number of years experience as a speaker or trainer: _____

Approximate number of programs provided: _____

Approximate number of different topic areas on which you can provide training: _____

General nature of these topics:

Please list any Train the Trainer courses or other professional training you have received in adult education principles:

Name of Organization	Title of Program	Dates

Please summarize any training programs you have implemented for adult learners, also indicating the audience for whom the training was provided:

Title of Program	Audience	Dates

PLEASE CONTINUE ON PAGE 2

Rating Scale: Please rate your experience in the following areas using the following scale:

5 = Expert 4 = Advanced Experience 3 = Some Experience 2 = Limited Experience 1 = No Experience

Skill Area	Self Rating	Skill Area	Self Rating
Creating a conducive learning atmosphere		Use of audiovisuals (e.g. transparencies, flip charts, posters, white board etc.)	
Managing classroom environment		Use of presentation hardware and software (e.g. MS PowerPoint, data projector, computer, overhead projector, etc.)	
Implementing a standardized curriculum		Use of handout material	
Development of performance based objectives		Flexibility and adaptability in teaching style	
Ability to relate content to objectives		Use of inclusive vocabulary	
Facilitation of experiential exercises		Ability to represent FEI as an organization	
Ability to deliver content interactively		Experience with corporate clients	
Respectful use of humor within teaching style			
Encouraging group participation			
Ability to manage time			
Responding to participant questions			

Please attach copies of any two of the following:

- Individual participant feedback forms from a training program you have implemented in the past 5 years
- Summary of participant feedback forms from a training program provided in the past 5 years
- Written References from individuals who have participated in a training program you have implemented in the past 5 years

Please briefly list any additional education, training, or experience you wish us to consider in approving you as an FEI Trainer: _____

By your signature below, you indicate your understanding of and agreement with the following: The above information is true and correct to the best of my knowledge. I agree that, if approved as an FEI Trainer, I will implement training programs for FEI and only with FEI approval. I agree to utilize any FEI standard training materials according to their intended use and will not release them further without written authorization from FEI Behavioral Health. I understand that I am representing FEI Behavioral Health whenever I am implementing an FEI Training Program.

Signature _____ Print _____
 Of Clinician: _____ Name _____ Date: _____

Affiliate Name _____

City, State _____

Send to: FEI Behavioral Health 11700 West Lake Park Drive, Milwaukee, Wisconsin 53224

For FEI use only:

[] Approved [] Denied Staff: _____ Date: _____