

**FEI Behavioral Health  
 Substance Abuse Specialist**

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**):

<input type="checkbox"/>	Licensure/Certification Type:	
<input type="checkbox"/>	License/Certification Number:	
<input type="checkbox"/>	State:	
<input type="checkbox"/>	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.**)

I do not meet the requirements identified in 1 or 2; 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**

<input type="checkbox"/>	I currently conduct approximately _____ substance abuse assessments monthly.
<input type="checkbox"/>	I possess _____ hours of continuing education credit in alcohol and/or drug abuse.
<input type="checkbox"/>	I currently act as a Substance Abuse Professional (SAP) and provide substance abuse evaluation under the Department of Transportation (DOT) regulations: <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>

The experiences that qualify me as a FEI Substance Abuse Specialist include (complete or attach summary addendum):


FEI Behavioral Health  
11700 West Lake Park Drive  
Milwaukee, WI 53224

Phone: 800.782.1948 2  
Fax: 414.359.1973

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: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**Send to:**

**FEI Behavioral Health  
11700 West Lake Park Drive,  
Milwaukee, Wisconsin 53224**

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**For FEI use only**

Approved  Denied

Reason:


Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_