

## FEI Behavioral Health EAP Substance Abuse Specialist Application

All providers are expected to include substance abuse screening and assessment as an essential element of a comprehensive assessment, determine whether a client is a candidate for resolution of the presenting problem within the EAP, and recognize when and how to make a referral if a client needs services beyond the scope of the EAP.

The Substance Abuse Specialist, whose skills and expertise are utilized in the mandatory referral process, must also:

- demonstrate expertise in conducting a general, standardized drug and alcohol assessment.
- be able to provide education regarding the drug or alcohol itself, the effects of the substance in question, and substance use in the workplace including impact on business and safety issues.
- have the ability to determine the most appropriate course of treatment and refer to the appropriate resources when treatment is warranted.

I meet all of the requirements above, and I am requesting approval as an FEI Substance Abuse Specialist based on meeting requirements of one of the following. I have completed the following items and attached supporting documents:

### Licensure and/or certification:

- I have a current license in a substance abuse specialty and meet all continuing education requirements for that licensure.
- My license meets requirements allowing me to practice independently (without supervision).

### Experience:

- I have a minimum of 3000 supervised hours of experience providing direct services for alcohol- and drug-related disorders obtained at a State-Certified clinic or facility.
- I regularly, as a part of the certification for my primary license, participate in continuing education directly related to AODA issues.

### Current Practice with AODA clients:

- I regularly provide direct services to clients whose primary presenting problem is alcohol or other drug abuse.
- Approximately 25% of my practice consists of clients whose presenting problem is drug- or alcohol-related.
- I regularly, as a part of the certification for my primary license, participate in continuing education directly related to AODA issues.

<input type="checkbox"/>	Licensure/Certification Type:	
<input type="checkbox"/>	License/Certification Number:	
<input type="checkbox"/>	State:	
<input type="checkbox"/>	Expiration Date:	

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.

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

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

Affiliate Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Send completed application via mail, fax or email to:

FEI Behavioral Health  
648 N. Plankinton Ave., Suite 425  
Milwaukee, WI 53203  
Fax: 414-359-6519  
Email: [network@feinet.com](mailto:network@feinet.com)

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**For FEI use only**

Approved  Denied

Reason: \_\_\_\_\_

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