

AFFILIATE INFORMATION FORM

Date: _____ Interviewed by: _____

Affiliate Name: _____

Social Security No.: _____ Email Address: _____

Send affiliate kits to: Office #1 Office #2 Home/Other Fax to: _____

Nearest metro area (within 20 miles): _____

Does someone else schedule your appointments? Yes No
 If so, name: _____

Are you a member of a larger practice? Yes No
 Are there others who might be interested in affiliating with us? Yes No

Office 1	
Street: City/State/Zip:	Phone: Fax:
Office 2	
Street: City/State/Zip:	Phone: Fax:

Clinical Experience	
Degree(s): _____	License(s): _____
Number of years in private practice: _____	Number of years of EAP experience: _____
Please number (1-3) your top areas of expertise and check (a) all other areas where you can provide assessment.	
<input type="checkbox"/> Addictions <input type="checkbox"/> Anger Management <input type="checkbox"/> Anxiety <input type="checkbox"/> ADD & ADHD <input type="checkbox"/> Blended Families <input type="checkbox"/> Career <input type="checkbox"/> Chronic Illness/Pain <input type="checkbox"/> Codependency <input type="checkbox"/> Crisis Intervention	<input type="checkbox"/> Critical Incidents <input type="checkbox"/> Depression <input type="checkbox"/> Domestic Violence <input type="checkbox"/> EAP Specialist <input type="checkbox"/> Eating Disorders <input type="checkbox"/> Elder Issues <input type="checkbox"/> Gay/Lesbian <input type="checkbox"/> Grief <input type="checkbox"/> Parenting
<input type="checkbox"/> Personality Disorders <input type="checkbox"/> Psychosis <input type="checkbox"/> Relationships <input type="checkbox"/> Sexual Abuse <input type="checkbox"/> Sexual Issues <input type="checkbox"/> Stress Management <input type="checkbox"/> Trauma <input type="checkbox"/> Work/Life Balance <input type="checkbox"/> Workplace Issues	
Other areas of expertise: _____	

Populations you work with:	
<input type="checkbox"/> Groups <input type="checkbox"/> Children <input type="checkbox"/> Adolescents <input type="checkbox"/> Individual females <input type="checkbox"/> Individual males <input type="checkbox"/> Couples <input type="checkbox"/> Families	
Other EAPs you affiliate with:	

Accessibility	
Can you accommodate a client within 72 hours for an assessment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Evening and/or weekend hours?	<input type="checkbox"/> Evening <input type="checkbox"/> Weekends
Is your office handicap accessible?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your office available by public transportation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you speak languages besides English?	<input type="checkbox"/> Yes <input type="checkbox"/> No
List:	

Professional Liability	
Liability Insurance info being sent: (Must be included with affiliate's information)	
Have you ever incurred a claim against your insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your liability coverage ever been revoked, suspended, or not renewed because of a claim?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any pending legal actions against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any pending claims/complaints against you by your Board of Registration?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If answer is "Yes" to any of the preceding questions, please explain:	
Insurance provider networks:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Provider Panels		
Check all that apply; add any panels to which you belong that are not listed below:		
<input type="checkbox"/> Aetna <input type="checkbox"/> Beacon Health Strategies (Fallon) <input type="checkbox"/> Blue Cross Blue Shield <input type="checkbox"/> Cigna <input type="checkbox"/> Coresource <input type="checkbox"/> Fallon <input type="checkbox"/> Guardian <input type="checkbox"/> Great West Healthcare	<input type="checkbox"/> Harvard Pilgrim <input type="checkbox"/> Health Care Value Mgmt <input type="checkbox"/> Kaiser <input type="checkbox"/> Magellan <input type="checkbox"/> Magellan/Mass <input type="checkbox"/> Magellan/N.E. <input type="checkbox"/> MassHealth <input type="checkbox"/> Medicaid	<input type="checkbox"/> PacifiCare <input type="checkbox"/> Private Health Care Systems <input type="checkbox"/> Tufts <input type="checkbox"/> United Behavioral Health <input type="checkbox"/> United Health Care <input type="checkbox"/> Unicare
Other panels?		

Training	
Do you have experience providing EAP Manager Training, Stress Management, or other training? Other training:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, would you consider being available to provide training on behalf of KGA?	<input type="checkbox"/> Yes <input type="checkbox"/> No

About KGA (Internal Use Only)	
Describe KGA and use of affiliates	<input type="checkbox"/> Yes
Short-term nature of EAP	<input type="checkbox"/> Yes
Assessment fee per session	\$
Children and/or adolescents guidelines	<input type="checkbox"/> Yes
Self-Referral guidelines	<input type="checkbox"/> Yes
Extended Wellness Program	<input type="checkbox"/> Yes
Overview of RFS Packet	<input type="checkbox"/> Yes