



American Substance Abuse Professionals, Inc.

1421 Clarkview Road
Suite 130
Baltimore, MD 21209
*888-792-2727 * Fax 410-878-6161

www.go2asap.com

SAP Affiliate Application

A. Practice/Personal Data

Applicant Name: _____
Last First MI

Credentials: _____ **SSN:** _____

Group or Agency Name: _____ **Tax ID #:** _____

Highest Educational Degree Obtained: _____

Telephone Numbers: Primary: _____ **Secondary:** _____

Emergency: _____ **Pager:** _____

Mobile phone: _____ **Home:** _____

E-mail: _____ **Fax:** _____

Mailing Address: _____
Street Address Suite #

_____ City State Zip

Office Address: _____
Street Address Suite #

_____ City State Zip

Home Office: ___yes ___no Handicapped Accessible? ___yes ___no

Office Hours:
Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____ Sat. _____ Sun. _____

*** If applicable please attach list of additional office locations including phone/fax numbers***

How large is the geographic area you serve (time/distance)? _____

B. SAP Experience

Please describe your substance abuse treatment experience:

Please describe training and experience in providing DOT compliant Substance Abuse Professional Evaluations (SAP).

How many SAP Evaluations have you performed in the last year? _____

The latest revisions to the Department of Transportation (DOT) regulations regarding drug and alcohol testing (effective August 1, 2001) state that DOT SAP duties can be performed only by professionals meeting the following credentialing requirements:

- Licensed physician
- Licensed or certified marriage and family therapist
- Licensed or certified social worker
- Licensed or certified psychologist
- Licensed or certified employee assistance professional
- Alcohol and drug abuse counselor certified by the NAADAC, the NBCC (MAC level) or an ICRC member board

Do you comply with the August 1, 2001 DOT/SAP Rules and Regulations? _____yes _____no

In addition to the credentialing requirements DOT SAPs must also complete a DOT SAP Qualification Training and pass a DOT SAP Qualification Examination. Have you completed these qualification requirements? _____yes _____no If no, when do you anticipate to do so?

Additional competencies or special skills (including languages spoken):

How did you hear about ASAP?

C. Affiliations

If applicable, Please list the names and location for the following facilities:

Substance Abuse Treatment Centers (including facilities for which you do, or have performed SAP evaluations):

EAPs: (For whom you do, or you have, performed EAP or SAP Services?)

D. Professional History Statement

In accordance with the National Committee for Quality Assurance, ASAP requires your response to the questions in this section. If you answer yes to any of these questions, please include a written explanation of the circumstances surrounding each item.

	Yes	No
1. Have you had any professional licenses/certifications denied, revoked, suspended, or limited?		
2. Is there any action pending to revoke, suspend, or limit your professional licenses/certifications?		
3. Have you ever been denied professional liability insurance or has your insurance ever been canceled or denied renewal?		
4. Has your Certified Employee Assistance Professional (CEAP) certification or other certification ever been revoked, suspended, or limited?		
5. Do you have any ongoing physical or mental impairment or condition which would make you unable, with or without reasonable accommodation, to perform the essential functions of a practitioner in your area of practice, or unable to perform those functions without a direct threat to the health and safety of others?		
6. Do you or your practice have any legal action pending and/or convicted?		
7. Have you ever been the subject of disciplinary proceedings by any professional association or organization (i.e. state licensing board; county, state, or national professional society; hospital, medical, or clinical staff)?		
8. Do you currently use illegal drugs or abuse drugs or alcohol?		
9. Do you have a history of chemical dependency or substance abuse that might adversely affect your ability to competently and safely perform the essential function of a practitioner in your area of practice?		
10. Have you ever been convicted of any criminal charges? Felony or misdemeanor.		
11. Have you ever been denied liability insurance or has your insurance ever been canceled or denied renewal?		
12. Have you ever been named as a defendant in a criminal proceeding?		
13. Have you had any malpractice claims during the past 5 years?		
14. Have you ever been a defendant in any lawsuit involving your practice where there has been an award or payment of \$25,000 or more?		
15. Have you had any malpractice claims where there has been an award of payment of \$25,000 or more?		

E. Resume- please attach to application

Please give reasoning of any gaps in employment of 3 months or longer:

F. Please also attach the following documents:

- Qualifying credential (Licensed physician; licensed or certified marriage and family therapist; licensed or certified social worker; licensed or certified psychologist; licensed or certified employee assistance professional; alcohol and drug abuse counselor certified by the NAADAC, the NBCC (MAC level) or an ICRC member board)

- SAP Training Certificate

- SAP Exam Certificate

- CEU's (If needed for each three-year period following the date of your original SAP exam)

- Liability insurance cover sheet

- Completed and signed W-9

I, the undersigned, hereby attest that all the information enclosed is complete and accurate and fairly represents my clinical qualifications. Furthermore, I attest that all the enclosed is truthful information. I authorize American Substance Abuse Professionals, Inc. to consult with or request from any third party who may have information bearing on any subject addressed by this application and to inspect or obtain records or documents of said third parties that may be relevant to this application. I also authorize any third parties to release information to American Substance Abuse Professionals, Inc. and any authorized representative upon request. I hereby release American Substance Abuse Professionals, Inc. and any representatives from any liability for any such reports or documents, which holds information pertinent to this application.

I understand that failure to disclose information pertaining to any question(s) on this application may result in removal from the ASAP network and termination of our contractual relationship. I agree to immediately disclose any and all future incidents applicable to sections D and E of this application understanding that failure to do so is in direct violation of my contractual relationship with ASAP, I understand that I may be liable for damages to ASAP resulting from my failure to self-disclose.

I hereby authorize and request any educational institutions or programs, professional review organizations, employers, peer review bodies, insurance carriers or others to disclose to American Substance Abuse Professionals, Inc. upon request information and documentation as will reasonably assist American Substance Abuse Professionals, Inc. in its efforts to determine my professional and personal qualifications for the affiliate position for which I am applying.

Applicant's Signature: _____ Date: _____

Print Name: _____

***For additional information or assistance to help you complete the ASAP SAP Affiliate application, please contact ASAP at (888) 792-2727 Ext. 604 or email: sapsupport@go2asap.com**

SAP QUALIFICATION VERIFICATION

I, _____, hereby attest that I meet one or more of the following professional criteria that permit me act as a Substance Abuse Professional (SAP) according to the Department of Transportation (DOT) Rules for Drug and Alcohol Testing, 49 CFR Part 40 (effective August 1, 2001):

- A licensed or certified employee assistance professional;
- A licensed physician (Doctor of Medicine or Osteopathy);
- A licensed or certified social worker;
- A licensed or certified psychologist;
- Licensed or certified marriage and family therapist
- A drug and alcohol counselor certified by the National Association of Alcoholism and Drug Abuse Counselors Certification Commission (NAADAC), by the National Board of Certified Counselors (NBCC) at the Masters Addictions Counselor (MAC) level or by the International Certification Reciprocity Consortium/Alcohol and Other Drug Abuse (ICRC).

In addition to the credentialing requirements DOT SAPs must also complete a DOT SAP Qualification Training and pass a DOT SAP Qualification Examination (by 12/31/04). Have you completed these qualification requirements? _____yes _____no If no, when do you anticipate to do so? (If you have not yet met these qualifications please continue to complete the application and contact ASAP at 888-792-2727 ext. 604 for assistance.)

I understand and agree to abide by all statutes, ordinances, rules and regulations, and codes of ethics pertaining to or regulating the provision of SAP services as documented in the DOT regulations regarding drug and alcohol testing (49 CFR Part 40), including those now in effect and those hereafter adopted. Including that a SAP is prohibited from: a) intentionally delaying the transmission of drug or alcohol testing-related documents concerning actions you have performed, because of payment dispute or other reasons (see 49 CFR Part 40.355). b) a SAP is prohibited from self-referral for treatment and/or education (self-referral is permitted under certain circumstances (see 49 CFR Part 40.299)).

Furthermore, I have “knowledge of” and “clinical experience in” the diagnosis and treatment of drug and alcohol related disorders. In addition, I have a thorough understanding of the Department of Transportation (DOT) Rules on Drug and Alcohol Testing as they apply to the provision of SAP services.

Signature, Substance Abuse Professional

Date

Printed Name

Date

License/Certification

Expiration Date

License(s) Number

State of Practice