

## Affiliate Provider Evaluation Form

### PHYSICAL FACILITY

**LOCATION:** [Click here to enter text.](#)

Waiting Room Nonpublic           Yes <input type="checkbox"/> No <input type="checkbox"/> Extra Seating      Yes <input type="checkbox"/> No <input type="checkbox"/>	Parking   Free <input type="checkbox"/> Pay <input type="checkbox"/> Distance from facility <a href="#">Click here to enter text.</a> Handicapped Spaces   Yes <input type="checkbox"/> No <input type="checkbox"/>
Wheelchair accessible      Yes <input type="checkbox"/> No <input type="checkbox"/>	Fire Escape                Yes <input type="checkbox"/> No <input type="checkbox"/>
What floor are offices on? <a href="#">Click here to enter text.</a>	Tornado Shelter        Yes <input type="checkbox"/> No <input type="checkbox"/>

### EAP CASE FILING

Files are separate from BH files   Yes <input type="checkbox"/> No <input type="checkbox"/>	Cataloged or alphabetical order   Yes <input type="checkbox"/> No <input type="checkbox"/>
Files are in lockable location      Yes <input type="checkbox"/> No <input type="checkbox"/>	Evidence of clinical review        Yes <input type="checkbox"/> No <input type="checkbox"/>

### PROVIDER CREDENTIALS

Clinical Licensure on file        Yes <input type="checkbox"/> No <input type="checkbox"/>	Current Insurance Certificate      Yes <input type="checkbox"/> No <input type="checkbox"/>
Documentation of ongoing training requirements as set forth in the contract / affiliate manual   Yes <input type="checkbox"/> No <input type="checkbox"/> For Reference: <ul style="list-style-type: none"> <li>• Training and demonstrated knowledge of:             <ul style="list-style-type: none"> <li>a. EAP core technology and optional EAP services;</li> <li>b. EAP theory and practice;</li> <li>c. the application of counseling skills in a workplace setting;</li> <li>d. crisis intervention;</li> <li>e. short-term counseling models;</li> <li>f. managed care;</li> <li>g. critical incident response services;</li> <li>h. mental health and substance use conditions;</li> <li>i. work performance assessments;</li> <li>j. provision of services in a culturally responsive manner to recognize and address an individual's specific needs; and</li> <li>k. organizational development and human resource management.</li> </ul> </li> </ul>	

### ADMINISTRATION

Secure Fax Machine            Yes <input type="checkbox"/> No <input type="checkbox"/>	Designated Scheduling Staff    Yes <input type="checkbox"/> No <input type="checkbox"/>
Evening Appts Available        Yes <input type="checkbox"/> No <input type="checkbox"/>	Weekend Appts Available        Yes <input type="checkbox"/> No <input type="checkbox"/>
After Hours phone:            Message <input type="checkbox"/>	Picked Up <input type="checkbox"/> Call Back <input type="checkbox"/>

### NOTES

[Click here to enter text.](#)

By checking here, you agree that all information is reflected accurately in accordance with our contractual agreement.

Name and Title: [Click here to enter text.](#)

[Click here to enter a date.](#)