



We are currently updating our records and would like you to review and complete this form. Please return the form by email or mail ASAP. Thank You!

Organization: _____

Address: _____ Suite: _____

City: _____ State: _____ County: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Administrative Contact:

Name: _____ Phone: _____

Email: _____

Please Identify Services You Are Able to Provide for Us:

Drug/Alcohol Assessments	YES	NO
Is anyone SAP qualified	YES	NO
Critical Incident Debriefing	YES	NO
Threat Assessment	YES	NO
Wellness Workshops	YES	NO

Please list workshops: _____

What Population Will You See?

Older Adults (>65)	YES	NO
Adults	YES	NO
Adolescents	YES	NO
Children (<12)	YES	NO

PM Hours	YES	NO
Weekend Hours	YES	NO
Telehealth	YES	NO
In Person	YES	NO

Insurances Accepted: _____

Specialties/Certifications: _____

Languages

Spoken: _____

Questions? Call (610) 433-8550 or email preferred_eap@lvhn.org