

**EAPA-GNO  
EAPA-GNO WEB-STIE: EAP / SAP PROVIDER LISTING FORM**

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

First Name: \_\_\_\_\_ Middle Init: \_\_\_\_\_ Last: \_\_\_\_\_

Please provide company name or private practice: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email: \_\_\_\_\_ Web page: \_\_\_\_\_

EAPA Membership #: \_\_\_\_\_ Chapter : \_\_\_\_\_

**Geographic Area Served:** \_\_\_ International \_\_\_ Local \_\_\_ National \_\_\_ Regional \_\_\_ State

**Specialties:**

- \_\_\_ Consultation for designs and evaluating new or existing EA programs.
- \_\_\_ Provides DOT alcohol and drug testing education and/or training.
- \_\_\_ **DOT SAP assessments services.** (Must have completed DOT course and examination)
- \_\_\_ Drug free workplace services.
- \_\_\_ Work/Family services.
- \_\_\_ Eldercare services.
- \_\_\_ Violence in the workplace.
- \_\_\_ Critical Incident Stress Debriefing.
- \_\_\_ Out placement / downsizing.
- \_\_\_ Return to duty evaluations.
- \_\_\_ Wellness promotions.
- \_\_\_ Coaching.
- \_\_\_ Team Building.
- \_\_\_ Management and supervisory training.

**Please note:** The information you provide will be posted on the internet. Be sure to list only information you wish the public to view. Only one listing per member regardless if it you have a membership or organizational membership. Do not add additional categories, comments or remarks as they will not be included. Only categories listed above will be included. Only **DOT SAPs** will be listed under SAP provider list. Application must be submitted by email to [sdento@msn.com](mailto:sdento@msn.com) or a signed copy mailed to EAPA-GNO P.O. Box 15029 New Orleans, LA 70175-5029.

Name: \_\_\_\_\_ Signature / Date: \_\_\_\_\_