

FSEAP Affiliate Provider Application Information

Thank you for your interest in joining our affiliate provider network.

Before beginning the application process to join our EAP provider network, please review the eligibility requirements below. If you do not meet the minimum criteria, but feel that you have the required clinical experience please ensure your curriculum vitae demonstrates all your education, training, and clinical experience. For general inquiries regarding the criteria, please feel free to email careers@fseap.ca.

Eligibility Requirements

1. Master's degree in social work, clinical psychology, or related clinical mental health field
2. Minimum of 5 years post-graduate clinical counselling experience
3. Documentation of the 5 years relevant clinical experience which involves using short-term solution focused therapy with a wide variety of populations, ability to conduct thorough biopsychosocial assessment including the ability to assess for addictions
4. Registered member of a relevant professional organization with a code of ethics
5. Carry minimum malpractice and liability insurance coverage of \$2,000,000
6. FSEAP policy requests that you contact the client within 1 day of receiving a referral and offer the client their first appointment in 3-5 days or for urgent referrals preferably within 1 day

Required Documents

1. Copy of highest degree and proof of registration/licensing with professional governing body
2. Copy of current professional liability insurance
3. Curriculum Vitae (CV) (work history must show 5 years post masters clinical experience and short term counselling experience)

Upon being successfully selected as a clinical affiliate you may be required to obtain a police clearance or vulnerable sector clearance, determined by the governing provincial legislation.

Please return the completed application and all required documents using one of the following options:

Via E-mail: **careers@fseap.ca**
Via Fax To: **1.855.256.5258**



FSEAP Affiliate Provider Application

Practice Information

Affiliate Name (Last, First)

Business Name (if applicable)

Primary Office Address

Office Building

Home Office

Religious Institution

Wheelchair Accessible?		Accessible to Public Transportation?		Parking Available?	
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Primary Address Hours

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Secondary Office Address

Office Building

Home Office

Religious Institution

Wheelchair Accessible?		Accessible to Public Transportation?		Parking Available?	
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Secondary Address Hours

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Affiliate Provider Information

Primary Phone Number

Alternate Phone Number

Email Address

Fax Number

Gender (optional)

Date of Birth (optional)

Education Details

School Name

Highest Degree Awarded

Date Degree Awarded

How many years' of post-graduate clinical experience do you have?

How many years' of experience do you have?

- Conducting biopsychosocial assessments
- Short-term solution focused counselling
- Assisting clients with work/life balance
- Connecting clients to long-term resources

Do you have the ability to provide counselling in a language other than English?

Are you Critical Incident Stress Debriefing (CISD) certified? Yes No

Do you have experience conducting workshops/training? Yes No

Are you willing to do telephonic counselling, if needed? Yes No

Have you been convicted of any criminal charges? Yes No

Have you been reprimanded for professional misconduct? Yes No

Clientele Served

- | | | |
|--|--|--|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Adults (18+) | <input type="checkbox"/> Children (under 13) |
| <input type="checkbox"/> Couples/marital | <input type="checkbox"/> Elderly (65+) | <input type="checkbox"/> Youth (13-17) |
| <input type="checkbox"/> Family | <input type="checkbox"/> Family (with children/ youth) | |

Areas of clinical expertise

- | | | |
|--|---|--|
| <input type="checkbox"/> Aboriginal Populations | <input type="checkbox"/> Family issues | <input type="checkbox"/> Relationship issues |
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> First Responders | <input type="checkbox"/> Schizophrenia |
| <input type="checkbox"/> Alcohol/ Substance abuse | <input type="checkbox"/> Gender identity | <input type="checkbox"/> Separation/Divorce |
| <input type="checkbox"/> Anger Management | <input type="checkbox"/> Grief/Loss | <input type="checkbox"/> Sexual impulsivity |
| <input type="checkbox"/> Anxiety/panic disorders | <input type="checkbox"/> Health/Pain management | <input type="checkbox"/> Sexual orientation |
| <input type="checkbox"/> Bipolar disorder | <input type="checkbox"/> Obsessive/Compulsive disorders | <input type="checkbox"/> Terminal illness/injury |
| <input type="checkbox"/> Childhood abuse | <input type="checkbox"/> Parenting | <input type="checkbox"/> Trauma |
| <input type="checkbox"/> Cultural/Family of origin | <input type="checkbox"/> Personality disorders | <input type="checkbox"/> Violence/abuse |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Phobias | <input type="checkbox"/> Workplace conflict/stress |
| <input type="checkbox"/> Eating Disorders | | |