



Employee Assistance Roundtable Application for Organization Membership

(Please note that all fields are required)

Organization: _____

Representative name: _____

Position/title: _____

Address: _____
Street and/or Post Office Box

City	State	Zip Code
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Telephone with area code: _____

Email address: _____

Your Employment status (Please check one): Employee (W2 from company named above)
 Contractor

Reporting to: _____
(Name/Title)

Scope of your responsibility: Organization wide
 Other: (Please specify) _____

Brief outline of your position's responsibilities:

Years in EAP field: _____

Name, email, and phone number of alternate members (if any):

Check below if any of the following apply to your organization (check all that apply):

- On the Fortune 100 list
- On the Fortune 500 list
- Union-represented employees are eligible for your EAP
- Non-profit
- Global
- National
- Private
- Public

Primary type(s) business: _____

Does your organization own any treatment provider or managed care vendor? yes no

If yes, please explain:

Does your organization sell EAP services to external clients? yes no

If yes, please explain:

Number of employees eligible for your EAP: _____

Components and scope of your EAP: (Please outline)

Years organization has had EAP: _____

If you provide services in multiple locations, how many are staffed by internal EAPs: _____

Primary issues affecting your EAP at this time:

Quality Measures:

A) By what standards is your program currently judged (e.g., treatment outcome, cost containment, employee satisfaction, management satisfaction, etc.)?

B) How are these measured?

Further description of EAP, if desired:

Do you have a managed care program for mental health and substance use disorders?

- Yes No Considering

Provider name: _____

Do you have PPO arrangements for substance use disorder and/or mental health treatment?

- Yes No Considering

Provider name: _____

Brief list of reasons for desiring membership in EAR:

Sponsoring member (if any): _____

As a reminder to all members, guests, visitors and presenters, information shared during EAR gatherings online, telephonically, or face-to-face is to be held in the strictest confidence. This includes discussion of industry trends, specific member announcements, sharing of experiences with vendors, and employment opportunities. Unless specifically released by a member employer from this custom of holding such information in private, all EAR members, guests, visitors and presenters will adhere to this policy of confidentiality.

I have read and understand this Statement of Confidentiality. I know that I can approach any current Board Member in the future for clarification of this obligation.

In addition, I certify that I do not consult, sell, nor am I employed by those who could potentially market, respond to RFPs, or sell EAP or EAP-related products to any EAR member organization. Should I begin to do any of the above-mentioned activities, I will immediately notify the EAR Board and if deemed appropriate resign my membership.

Signature

Printed Name

Date

Please forward completed application to EAR Membership Chair: Jeff Davis
jdavis2@kcsouthern.com.

PLEASE NOTE: DO NOT SEND REGISTRATION FEE OR ANNUAL DUES.

Upon receiving your completed application, the Board of Directors reviews all applications and, as determined by a majority vote, recommends applicants to the Membership for approval. In accordance with EAP By-Laws, the Membership has 30 days, from the distribution date, to voice any objection. After the 30 days, you will receive information regarding your membership status and the next steps.