



EAPA PROVIDER DIRECTORY
NEW, RENEWING and/or UPDATE Enrollment Form

Please return with payment. Only current EAPA members can be listed.
*Information will appear on the Web site under the Providers List
(Please Print)

Is this a renewal or update? (circle) YES / NO (New and Renewing enrollments must include appropriate payment.)

* Name: *Degrees/Licenses
Member Id #: Contact Name (if different from member):
*Provider Company:
*Provider Address:
*City: *State/Province: *ZIP/Postal Code:
*Phone: *Fax:
*E-mail: *Web site:

SERVICE AREA
(Check ONE box that best describes your company's service area)
Local Metro/City/County
State/Province
Regional (several states/provinces)
Country
International (more than one country)

SPECIALTY AREAS
*ONLY TWO LISTINGS ARE INCLUDED—Each additional listing is \$20 each.
Designs and/or evaluates existing EA programs and/or provides consulting services to EAPs or work organizations.
Provides education and/or training to companies on U.S. DOT alcohol and drug rules.
Offers substance abuse professional (SAP) services.
Training consultant on federal and/or state Drug-Free-Workplace services.
Provides EA program services to small businesses.
Consults with EA professionals to develop small-business consortia.
Provides Work/Life services, in addition to EA services.
Provides Eldercare services, in addition to EA program services.
Training consultant on workplace violence.
Training consultant critical incident stress debriefing.

PAYMENT
I am an organizational member, this listing is included in my membership. (circle) YES / NO
\$ 100.00 + \$ (\$20 for each additional specialty listing) = \$ TOTAL ENCLOSED
Method of Payment (check one): Check/Money Order AMEX Visa MasterCard Discover
Signature for credit card approval: Print name on card:
Credit Card # (print clearly) Exp. Date