

## Evaluator Application

Name: \_\_\_\_\_

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

Telephone #: \_\_\_\_\_ Alternate: \_\_\_\_\_

Fax #: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Contact Person for Appointments: \_\_\_\_\_ Telephone # for participants to call: \_\_\_\_\_

\_\_\_\_\_

Do you have the ability to either provide or refer for additional evaluation of:

Psychosexual/Boundary:  Yes  No

Pain Management:  Yes  No

Neurocognitive Testing:  Yes  No

Other: \_\_\_\_\_

Cost Range: \_\_\_\_\_

Do you coordinate/provide required Toxicology Testing:  Yes  No

Do you prefer UPHP to conduct Toxicology:  Yes  No

Length of time to get an Appointment: \_\_\_\_\_

Length of Appointment: \_\_\_\_\_

### **By signing the application, you are agreeing to:**

1. Inform UPHP of the date and time of the evaluation
2. Return the Initial Evaluation form to the UPHP within one (1) business day.
3. Return the Full Written Evaluation to the UPHP within ten (10) business days.
4. Collaterals must be done and noted on the evaluation. 3 sources of the direct appropriate collateral information.
5. Toxicology to include: Urine toxicology with EtG, EtS, PETH, hair/nail. If unable to obtain, notify program immediately.
6. Releases are to be signed prior to the start of the evaluation and should include a release that allows participant to obtain copy of the report. \*Refusal to sign the releases requires the discontinuation of the evaluation and immediate notification to the UPHP.
7. Recommendations must be made on the need for monitoring, continuing care, and safety to practice.
8. If unable to schedule and perform evaluations within a reasonable length of time, preferable within seven (7) days of initial call if unable to schedule in 14 days, please refer back to UPHP.
9. By agreeing to be an evaluator, you agree to be available to UPHP and appear at a UPHP hearing and testify to appear if needed.
10. Please submit a copy of your work product along with the other required application documents.



**Please answer the following:**

- 1. Have you ever been disciplined by a State Board, hospital or other entity?  Yes  No
- 2. Have you ever been cited, arrested, charged with, convicted of or pled guilty or nolo contendere to a violation of any municipal, state, or federal statute including any that have been expunged or judicially removed for any reason with the exception of misdemeanor traffic violations that do not involve the use of drugs or alcohol?  Yes  No
- 3. Has your application for any professional license, certificate, or registration been denied by any state licensing board or federal authority?  Yes  No
- 4. Has your professional license, certificate, or registration been the subject of investigation or revoked, suspended, probated, restricted, reprimanded, limited, or subjected to any other disciplinary action by any state licensing board or federal authority?  Yes  No
- 5. Have you ever voluntarily surrendered any professional license, or agree with any licensing authority not to re-seek licensure in order to avoid disciplinary action, investigation, or inquiry?  Yes  No
- 6. Was your application for staff or clinical privileges at any hospital, clinic, or other health care institution denied?  Yes  No
- 7. Has your participation in any private, federal, or state health insurance program been terminated, non-renewed, denied, suspended, restricted, placed on probation, or are you the subject of a current investigation or proceeding by such entities?  Yes  No
- 8. Have you surrendered your state or federal controlled substances permit or registration?  Yes  No

**If you answered yes to any of the aforementioned questions, please include an explanation on a separate cover.**

Please attach copies of work product, licenses, certifications in area of expertise (ASAM training certification), CV, and Malpractice Insurance.

Once application is submitted, please notify UPHP of any changes that have occurred, such as: (phone numbers, e-mail addresses, etc.)

I agree to abide by the requirements to become/maintain my status as an evaluator. I hereby certify that all of the information provided above is complete, true, and correct to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date