



For official use only:

APPLICATION ACCEPTED
 APPLICATION DENIED

/ /
 DATE OF ACCEPTANCE

PROVIDER ID

INDIVIDUAL PROVIDER APPLICATION

INTRODUCTION AND INSTRUCTIONS

This application is used for the provider network of Beat It! Employee Assistance Programs, its subsidiaries and affiliates. Individual providers include: therapists, counselors, psychologists and other clinically licensed treatment professionals.

**PLEASE COMPLETE THIS APPLICATION IN ITS ENTIRETY,
 INCOMPLETE OR ILLEGIBLE APPLICATIONS WILL NOT BE PROCESSED.**

Current copies of the following documents are required with this application.

- All current state and federal licenses and certificates
- All accreditations
- Verification of professional liability insurance
- Verification of general liability insurance
- Completed IRS W-9 Form or Substitute

PART A - GENERAL INFORMATION

PROVIDER INFORMATION

Provider Name:			
Other past/current name(s) used (if different from above):			
City:	County:	State:	Zip:
Primary Contact Person:			Title:
Telephone: ()	Fax: ()	URL:	
Email Address:			
Highest Degree:	Tax ID No:	Date of Birth:	

MAILING ADDRESS (if different from above)

Mailing name:			TIN:
Address:			Department:
City:	County:	State:	Zip:
Primary Contact Person:			Title:
Telephone: ()	Fax: ()	URL:	
Email Address:			

PART B - SERVICE DELIVERY LOCATION

SERVICE DELIVERY LOCATION INFORMATION

Location name:			
Street address (no PO Box):		Department:	
City:	County:	State:	Zip:
Primary Contact Person:			Title:
Telephone: ()	Fax: ()	Other: ()	
Email Address:			
Is this location is accessible for patients and visitors with disabilities? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Is this location accessible via public transportation? <input type="checkbox"/> YES <input type="checkbox"/> NO			Office Hours:
Days of the week at this location (circle all that apply): MON TUE WED THU FRI SAT SUN			

ADDITIONAL SERVICE DELIVERY LOCATION INFORMATION

Location name:			
Street address (no PO Box):		Department:	
City:	County:	State:	Zip:
Primary Contact Person:			Title:
Telephone: ()	Fax: ()	Other: ()	
Email Address:			
Is this location is accessible for patients and visitors with disabilities? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Is this location accessible via public transportation? <input type="checkbox"/> YES <input type="checkbox"/> NO			Office Hours:
Days of the week at this location (circle all that apply): MON TUE WED THU FRI SAT SUN			

PART C - LICENSURE / EDUCATION

LICENSES (If more licenses are held, use additional sheet of paper)

Licensing State: _____ Licensing Body: _____

License No.: _____ License Type: _____ Expiration Date: ____/____/____

Licensing State: _____ Licensing Body: _____

License No.: _____ License Type: _____ Expiration Date: ____/____/____

Licensing State: _____ Licensing Body: _____

License No.: _____ License Type: _____ Expiration Date: ____/____/____

Licensing State: _____ Licensing Body: _____

License No.: _____ License Type: _____ Expiration Date: ____/____/____

Licensing State: _____ Licensing Body: _____

License No.: _____ License Type: _____ Expiration Date: ____/____/____

EDUCATION (If more degrees are held, use additional sheet of paper)

Institution: _____ Location (City/State): _____

Degree Awarded: _____ Date Awarded (mm/yyyy): _____

Institution: _____ Location (City/State): _____

Degree Awarded: _____ Date Awarded (mm/yyyy): _____

Institution: _____ Location (City/State): _____

Degree Awarded: _____ Date Awarded (mm/yyyy): _____

WORK HISTORY (if in individual practice less than five years)

Practice/Employer/Facility	Position	Address	From (mm/yyyy)	To (mm/yyyy)

PART D - INSURANCE / MALPRACTICE INFORMATION

PROFESSIONAL LIABILITY INSURANCE INFORMATION

Policy type: INDIVIDUAL POLICY GROUP POLICY

Carrier name: _____ Policy No.: _____

Current Policy Issue Date: _____ Current Policy Exp Date: _____

Dollar limit per occurrence: _____ Dollar limit per aggregate: _____

MALPRACRATICE HISTORY INFORMATION

- | | |
|---|--|
| 1. Have you maintained malpractice insurance for the past five consecutive years? (If "no", please attach explanation.) | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 2. Have you ever been named in any malpractice action? (If "yes", please provide complete documentation including current status, settlement/dismissal dates and which party accepted liability.) | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 3. Have you ever been denied, cancelled or refused renewal of malpractice insurance? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 4. Have there ever been any investigations, actions or judgments taken against your license, certifications, etc.? (If "yes", please attach explanation.) | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 5. Have you ever been convicted of a felony, including but not limited to, those involving fraud, narcotics or minors? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 6. Have you ever been charged with ethical violations by a professional association? | <input type="checkbox"/> YES <input type="checkbox"/> NO |

PART E - PRACTICE INFORMATION

AVAILABILITY INFORMATION

Are you accepting new clients? YES NO New clients/month accepted: _____ Accept same day "urgent" appointments? YES NO

Are you available to see clients at least 3-5 days per week? YES NO Average waiting time for a scheduled appointment: _____

CLIENT POPULATION INFORMATION

Please check the age group(s) for which you offer services (mark all that apply).

- SENIORS (65 & OVER)
 ADULTS (18 TO 65)
 ADOLESCENTS (13 TO 17)
 CHILDREN (6 TO 12)
 SMALL CHILDREN (0 TO 5)

TREATMENT MODALITIES

Please check the treatment modalities that you employ in your practice (mark all that apply).

- INDIVIDUAL PSYCHOTHERAPY
 FAMILY PSYCHOTHERAPY
 BIOFEEDBACK
 COUPLE PSYCHOTHERAPY
 GROUP PSYCHOTHERAPY
 HYPNOSIS
 OTHER (specify below)
- _____
- _____

USUAL AND CUSTOMARY INFORMATION (please include all rates for services you offer. If more space is needed, please attach additional sheet.)

Individual:	Rate:	Normal Session Length:
Couple:	Rate:	Normal Session Length:
Group:	Rate:	Normal Session Length:
Other:	Rate:	Normal Session Length:

PART E - PRACTICE INFORMATION (Cont'd)

SPECIALTY

Please check your area(s) of specialty (mark all that apply).

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> ADDICTIONS | <input type="checkbox"/> DOMESTIC VIOLENCE | <input type="checkbox"/> PERSONALITY DISORDERS | <input type="checkbox"/> WOMEN'S ISSUES |
| <input type="checkbox"/> ANXIETY DISORDERS | <input type="checkbox"/> EATING DISORDERS | <input type="checkbox"/> POST-TRAUMATIC STRESS | <input type="checkbox"/> OTHER (specify below) |
| <input type="checkbox"/> CRITICAL INCIDENT DEBRIEFING | <input type="checkbox"/> MARRIAGE/FAMILY ISSUES | <input type="checkbox"/> PSYCHOTIC DISORDERS | |
| <input type="checkbox"/> DIVORCE | <input type="checkbox"/> MOOD DISORDERS | <input type="checkbox"/> SEXUAL DISORDERS/ISSUES | |

SPECIAL NEEDS CLIENTS

Languages (Mark all that apply):

- HISPANIC/LATINO
- SIGN
- OTHER (specify): _____

Disabilities/Impairments (Mark all that apply):

- | | |
|--|---|
| <input type="checkbox"/> VISUALLY IMPAIRED | <input type="checkbox"/> MENTALLY IMPAIRED |
| <input type="checkbox"/> HEARING IMPAIRED | <input type="checkbox"/> DEVELOPMENTAL DISABILITY |
| <input type="checkbox"/> PHYSICALLY IMPAIRED | <input type="checkbox"/> NEUROLOGICALLY IMPAIRED |

Please check your application for completeness and accuracy. Be sure to include all necessary documentation. Applications that are incomplete, illegible or have missing documentation cannot be processed.

Declarations and Consent:

The applicant hereby warrants and represents that all information supplied with this application, including, but not limited to licensure, and insurance documentation is true, accurate and complete. The applicant further understands that any information contained in this document by the Applicant which is subsequently found to be false could result in removal from the provider network and/or termination of any agreement that may exist between Beat It! Employee Assistance Programs and the Applicant. In addition, the Applicant agrees to maintain professional and general liability insurance.

The Applicant grants permission and consent to Beat It! Employee Assistance Programs, and/or its designee, to obtain and verify the accuracy of the information contained in this document and consents to release to Beat It! any information that may be reasonably relevant to an evaluation including, but not limited to, the Applicant's moral and ethical qualifications and ability to render clinical services.

The Applicant further understands that submission of this application is not a guarantee of acceptance and that Beat It! Employee Assistance Programs reserves the right to deny any application for participation in its network regardless of qualifications.

APPLICANT'S SIGNATURE

NAME OF APPLICANT (PLEASE PRINT)

X _____

SIGNATURE

DATE

COMPLETE AND RETURN THIS APPLICATION TO:

BY MAIL:
 Beat It!
 Employee Assistance Programs
 PO Box 20896
 San Jose, CA 95160
 Tel: 408.436.2392
 Fax: 408.436.2396

BY FAX :
 928.395.6028
BY EMAIL:
 custsvc@beatiteap.com

Request for Taxpayer Identification Number and Certification

**Give form to the
requester. Do not
send to the IRS.**

Print or type
See Specific Instructions on page 2.

Name		
Business name, if different from above		
Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶	<input type="checkbox"/> Exempt from backup withholding	
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)	
City, state, and ZIP code		
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). **However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 2.** For other entities, it is your employer identification number (EIN). If you do not have a number, see **How to get a TIN** on page 2.

Social security number								
or								
Employer identification number								

Note: If the account is in more than one name, see the chart on page 2 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), **and**
2. I am not subject to backup withholding because: **(a)** I am exempt from backup withholding, or **(b)** I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or **(c)** the IRS has notified me that I am no longer subject to backup withholding, **and**
3. I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 2.)

Sign Here	Signature of U.S. person ▶	Date ▶
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Purpose of Form

A person who is required to file an information return with the IRS must get your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to give your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

If you are a foreign person, use the appropriate Form W-8. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities.

Note: If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 30% of such payments **after** December 31, 2001 (29% **after** December 31, 2003). This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will **not** be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester, or
2. You do not certify your TIN when required (see the Part II instructions on page 2 for details), or
3. The IRS tells the requester that you furnished an incorrect TIN, or
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions on page 2 and the separate **Instructions for the Requester of Form W-9.**

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name. If you are an individual, you must generally enter the name shown on your social security card. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first and then circle the name of the person or entity whose number you enter in Part I of the form.

Sole proprietor. Enter your **individual** name as shown on your social security card on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

Limited liability company (LLC). If you are a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Treasury regulations section 301.7701-3, **enter the owner's name on the "Name" line.** Enter the LLC's name on the "Business name" line.

Other entities. Enter your business name as shown on required Federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

Exempt from backup withholding. If you are exempt, enter your name as described above, then check the "Exempt from backup withholding" box in the line following the business name, sign and date the form.

Individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends. For more information on exempt payees, see the Instructions for the Requester of Form W-9.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

Note: *If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.*

Part I—Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box.

If you are a **resident alien** and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see **How to get a TIN** below.

If you are a **sole proprietor** and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are an LLC that is **disregarded as an entity** separate from its owner (see **Limited liability company (LLC)** above), and are owned by an individual, enter your SSN (or "pre-LLC" EIN, if desired). If the owner of a disregarded LLC is a corporation, partnership, etc., enter the owner's EIN.

Note: See the chart on this page for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get **Form SS-5**, Application for a Social Security Card, from your local Social Security Administration office. Get **Form W-7**,

Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or **Form SS-4**, Application for Employer Identification Number, to apply for an EIN. You can get Forms W-7 and SS-4 from the IRS by calling 1-800-TAX-FORM (1-800-829-3676) or from the IRS Web Site at www.irs.gov.

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note: *Writing "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.*

Caution: *A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.*

Part II—Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 3, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt recipients, see **Exempt from backup withholding** above.

Signature requirements. Complete the certification as indicated in 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA or Archer MSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to give your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA or Archer MSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, and the District of Columbia to carry out their tax laws.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 30% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN or:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
5. Sole proprietorship	The owner ³
For this type of account:	Give name and EIN or:
6. Sole proprietorship	The owner ³
7. A valid trust, estate, or pension trust	Legal entity ⁴
8. Corporate	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ **You must show your individual name**, but you may also enter your business or "DBA" name. You may use either your SSN or EIN (if you have one).

⁴ List first and circle the name of the legal trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

Note: *If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.*

