FIRSTCALL
1-800-382-2377
firstcalleap.org

Group Provider Profile

Name of organization/group: _____

Group tax identification number: _____ Used for billing: ☐ Yes ☐ No

Administrative contact person: _____

Telephone: _____

Do you have a central scheduling number? ☐ Yes ☐ No _____

Scheduling contact: _____

Primary Office location: _____

_____

_____

Additional locations: _____

_____

_____

Does your staff have experience in:	EAP Services	☐ Yes ☐ No
	Critical incident debriefing	☐ Yes ☐ No
	Employer on-site services	☐ Yes ☐ No
	Training and education	☐ Yes ☐ No

CLINICAL STAFF ROSTER – complete form below or attach copy of staff roster

Name	Degree/ license/credentials	Specialty area, if applicable