



EACC Commissioner Application

Please complete and submit this online application to be considered for appointment to the Employee Assistance Certification Commission. Current EACC members will thoroughly review each application submitted and contact candidates to schedule a time for a virtual interview. New Commissioners' terms begin in October immediately following the EAPA Institute & EXPO. Applications must be received by April 15th

Note: fields with an asterisk (*) are required.

Applicants selected for interview will be contacted to schedule those interviews.

Full Name

Address

E-mail

Phone Number

Are you a current EAPA member?

Year of initial CEAP Certification

Other credentials, degrees, certifications, licenses (CAC, BA, LCSW, ICADC, NCC, etc., or NONE):

Type of EAP experience:

In which EAP model(s) have you worked?

Internal

Hybrid

Which of the following EAP roles have you held?

EAP staff member

EAP program manager/director

Which EAPA leadership roles have you held?

Leadership positions with other professional associations (past and present):

What interests you about being an EACC Commissioner? (note: 2,000 character limit)

What strength would you contribute as a member of the EACC? (note: 2,000 character limit)

Describe your current and past EAP work experience and identify your areas of specialty/expertise: (note: 2,000 character limit)

Provide any additional information about yourself that you feel may be of interest to the Commission. (note: 2,000 character limit)

Why do you think most candidates are interested in earning the CEAP? (note: 2,000 character limit)

Why do you think most CEAPs continue to recertify? (note: 2,000 character limit)

Please share your understanding of the new CEAP Certification process and comment on the work that you think the EACC needs to continue to do

In what way/s can you contribute to the ongoing development of the CEAP certification?

How many hours per month would you be able to devote to EACC activities?

Provide two (2) professional references (indicate contact information for each individual in the space provided below):

Reference 1 Full Name

Relationship

Phone Number

E-mail

Reference 2 Full Name

Relationship

Phone Number

E-mail

Thank you for your interest in becoming an EACC Commissioner.

