

TAPNET APPLICATION FOR PARTICIPATION

TAPNET is a non-disciplinary monitoring program that may be offered to licensed chemical dependency counselors when alcohol/drug abuse or mental health issues have been reported. It has been determined that you may be eligible to participate in TAPNET peer assistance. If eligible, it will be necessary for you to sign the TAPNET participation agreement and applicable consent form, as well as review the TAPNET participant handbook. Compliance with TAPNET requirements allows you to retain your LCDC license.

Participation in TAPNET is voluntary. The alternative is to refer to the licensing board for further action. By completing this application, you are expressing your desire to participate in the TAPNET program. The fee for peer assistance case management is \$250 for the full program and \$125 for the Extended Evaluation Program (program determined by assessment). Participants are also responsible for all fees associated with drug testing and treatment. Please complete this form and return it along with case management fee.

APPLICANT

First Name: _____ Last Name: _____

Address: _____

City/ State/ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

License/Credential(s) held: _____

License/Credential(s) #: _____ Expiration Date: _____

DOB: _____ Sex: _____

EMPLOYMENT

Current Employer: _____

Employer Address: _____

Street

City

State

Zip Code

Work Supervisor Name: _____

Supervisor Phone Number: _____

Status When Referred: Employed _____ Terminated _____ Suspended _____

Length of Employment: _____

Type of Employment: _____

Current Area of Practice: _____

Contact TAPNET

401 Ranch Road 620 S, Ste. 310 Austin, TX 78734 · Ph. (877) 4TAPNET · FAX (888) 506-8125

admin@tapnet.org

PROGRAM ENROLLMENT INFORMATION

Reason for program participation: Chemical Dependency Mental Illness

Description of possible practice violations (be specific, add additional pages as needed): _____

Current treatment facility (if applicable): _____

Address: _____ City _____

State: _____ Zip Code: _____

Name of Therapist: _____

Treatment Center Phone Number: _____

Do you attend AA/NA or other self-help groups? Yes No How many per week? _____

Do you have a sponsor? Yes No How many contacts per week? _____

List all other states in which you hold licenses to practice: _____

Are you or have you been subject to discipline and/or monitoring in this state of any other? _____

If yes, provide a copy of the consent order/contract and written verification of your compliance.

Are you currently, or have you ever been subject to any criminal proceedings in this state or any other? _____

If so, describe all actions in detail on a separate sheet and submit relevant records.

If you self-referred to TAPNET, are you aware of whether your employer or anyone else has or intends to file a complaint against you? _____

Case Management Fees(please be advised that you are also responsible for any fees associated with drug testing or treatment:

Check One: TAPNET Peer Assistance Program \$250 TAPNET Extended Evaluation Program \$125

___ Check payable to TAPNET is enclosed, OR;

___ I will pay by credit card

Card Type: American Express Visa MasterCard

Card Number: _____ Exp. Date _____

**Please return completed application and payment to:
TAPNET, 401 Ranch Road 620 S, Ste. 310, Austin, TX 78734**