

## 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/Crednetial(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

1005 Congress Ave., Ste. 460, Austin, TX · Ph. (877) 4TAPNET · FAX (512) 476-7297 · [www.tapnettx.org](http://www.tapnettx.org)  
peerassistance@taap.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 or 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, 1005 Congress Ave., Ste. 460, Austin, TX 78701**