



Dear Provider and Substance Abuse Professional:

National Substance Abuse Professionals Network (NSAPN) maintains a national and an international network of SAP providers--many of whom have a long-term working relationship with National SAP Network. Enclosed you will find a provider packet which needs to be completed by you in order to be a provider member of NSAPN. Belonging to NSAPN has a number of advantages: receiving both non-regulated and DOT client evaluation referrals; enhancing and broadening your referral base; implementing a set of clinically-based evaluation procedures which are straight-forward, thorough and non-complex; being supported by a team of experts to manage the coordination, monitoring, and communication tasks required in administering the case; being provided the necessary information and the assurance of educational tools to meet the expectations of 49 CFR Part 40 for DOT-related cases. NSAPN maintains a process which facilitates all parties to meet the expectations of program compliance.

The enclosed packet of information must be completed by each provider, as instructed herein, and must be submitted or mailed to National SAP Network using the Self-Addressed-Stamped Envelope (for your convenience). We have tried to make this a fairly simple process for we value your contribution to this field.

Be advised that 49 CFR Part 40 requires that SAP qualification training with examination be completed satisfactorily by December 31, 2003. NSAPN is delighted to tell you about a new qualification training/examination opportunity which does not take you away from your business or your home, which is extremely affordable and which meets all the expectations of DOT. For more information, call Richard Buckley at 877-508-3979 for he has worked closely with DOT's Office of Drug and Alcohol Policy and Compliance on developing this idea. Just as a reminder, satisfactory completion of an examination must follow qualification training for you to evidence the necessary documentation which meets the DOT requirement for SAP training.

In this packet, you will find the following items to be completed and returned:

- ___ 1) a provider **application form** which needs to be completed by the provider,
- ___ 2) a **provider Membership Agreement** which needs to be returned signed by the provider,
- ___ 3) a **Confirmation of SAP Qualifications** for SAP work,
- ___ 4) a tax ID **W-9 form** to be completed by the provider indicating the name and type of entity to be paid along with the tax ID number,
- ___ 5) a form entitled, **Education & Training**, which details the knowledge and clinical experience in the diagnosis and the treatment of alcohol and controlled substances-related disorders,
- ___ 6) a copy of **current licensure(s) and/or certification(s)** as a clinical professional,
- ___ 7) a copy of **current professional liability/malpractice insurance** policy (which should state your name on the policy) and a **certificate** of insurance,
- ___ 8) a copy of **current general liability insurance policy** for each location where clients are evaluated,
- ___ 9) a copy of **current resume and/or curriculum vitae**,

Items (1-9) listed above must be completed and mailed to/received by National SAP Network in order to maintain your participation in the SAP provider network. **Please note** that a copy of the service agreement—not to be submitted at this time but to be implemented at the time of each assigned case—is being provided so that the expectations of the SAP role are understood. If you have any questions, please give NSAPN a call at (800)-879-6428. We are looking forward to working with you as a provider in this network, and please return your completed packet to NSAPN.

Sincerely,

A handwritten signature in black ink that reads "Bill Ryan". The signature is written in a cursive, flowing style.

Bill Ryan
Dir of Risk Management
National SAP Network

**NATIONAL SAP NETWORK
APPLICATION FOR PROVIDER MEMBERSHIP**



Directions: Print in black ink or type the following responses.

I. PERSONAL IDENTIFICATION

- A. Last Name: _____ First Name: _____ MI: _____
- B. Name of Organization (if an organization is the billing entity)

- TAX ID: _____
- Is this organization a corporation? ___ Yes **Or** ___ No
- C. Office Address: _____ Telephone _____
_____ Zip _____ FAX _____
- D. Billing Address: _____ Telephone _____
_____ Zip _____ FAX _____
- E. SSN: ____ - ____ - ____
Is your SSN the Tax ID? ___ Yes **Or** ___ No
- F. Date of Birth: _____ Sex: _____

II. PROFESSIONAL DEVELOPMENT: EDUCATION/TRAINING/CREDENTIALS

- A. Colleges/University(s):
Degree(s) completed with major:
_____ Degree _____ Major _____ To _____ Dates attended
_____ Degree _____ Major _____ To _____ Dates attended
- Registrar(s) Address: _____
- B. Licensure(s)/Certification: (Please list all)
Licensure: _____ Lic.# _____ State: _____ Exp. date: _____
Certification as: _____ Certifying Organization: _____ Exp. date: _____
- Licensure(s)/Certification:
Licensure: _____ Lic.# _____ State: _____ Exp. date: _____
Certification as: _____ Certifying Organization: _____ Exp. date: _____
- C. Education: Clinical Experience in the “diagnosis & treatment of alcohol and controlled substances-related disorders”:

Complete the attached form, “Education & Training,” which must be returned with this application. This form asks you to detail the breadth and length specifically of your clinical experience in the alcohol-drug related field.

NOTICE: For DOT-related case referrals, certification of SAP qualification training and the necessity to complete this training by no later than December 31, 2003 (49 CFR Part 40, Subpart O, 40.281) are essential to qualify as a SAP. Submit to NSAPN a copy of certification of SAP qualification training upon completion.

III. PROFESSIONAL REFERENCES

- A. Applicant must provide two professional references of whom have personal knowledge of your current clinical abilities to evaluate alcohol and drug-related cases, ethical character, health status, and ability to work cooperatively with others.

NAME TELEPHONE /JOB TITLE /ORGANIZATION
1) ADDRESS
2) ADDRESS

IV. HEALTH STATUS

- A. Do you presently have, or have you had in the past, any health problem or disability (including alcohol or drug dependencies and mental health conditions) that affects, or that may be expected to progress within the next 2 years to the point of affecting your ability in terms of skill, attitude or judgment to perform professional duties fully and appropriately?
B. Do you presently have, or have you had in the past, any health problem or disability (including alcohol or drug dependencies and mental health conditions) that presently, or at any time within the next 2 years, could affect your ability in terms of skill, attitude or judgment to perform professional duties fully and appropriately which is currently controlled by therapy (group or otherwise) or which is resolved but may reoccur?

V. PROFESSIONAL LIABILITY (A CERTIFICATE OF INSURANCE FOR CURRENT COVERAGE MUST ACCOMPANY THIS APPLICATION)

A. Present Insurance Carrier:
Company Policy #
Address

Beginning date: Exp. date:
Amount of Coverage:
(Minimum acceptable limits are \$ 1,000,000 per occurrence/ \$3,000,000 aggregate)
Your name must be included as one of the entities covered by the insurance.

- B. Have there been, or are there currently, any malpractice claims, suits, settlements or arbitration proceedings involving you individually and/or the group association(s) where you practice your profession?

If the answer is "yes" a detailed list, status and explanation of facts on a separate sheet must be provided by your insurance carrier or attorney. If a case is currently pending in court or was initiated and resolved, please provide the case name, the name and county of the court in which it was brought, and the case number assigned by the court.

- C. Have any of the following ever been, or are any currently in the process of being denied, revoked, suspended, reduced, limited, placed on probation, not renewed, or voluntarily relinquished in lieu of an investigation? If "yes", please provide full explanation on a separate sheet including resolution of charges.

Contract renewal from any managed care organization (HMO, PPO)
Professional liability
Board/subspecialty certification
Membership in any local, state, national professional society
Allied health status/affiliation/membership on any institution/hospital staff
Medical license or professional registration/license
Clinical privileges
Have there been any felony (criminal) charges brought against you?
PIE procedures started against you or any organization you are financially invested?
(Public Interest Exclusion: defined by DOT in 49 CFR Part 40)

VI. GENERAL LIABILITY

(A COPY OF THE POLICY MUST ACCOMPANY THIS APPLICATION AND BE APPLICABLE FOR THE LOCATION WHERE YOU EVALUATE NSAPN REFERRED CLIENTS)

A. Office address of location(s) where SAP evaluations are conducted:

Office Organization Name _____
Street Address and Suite _____
City/State Zip _____

Office Organization Name _____
Street Address and Suite _____
City/State Zip _____

Office Organization Name _____
Street Address and Suite _____
City/State Zip _____

B. Present Insurance Carrier:

Company _____ Policy # _____
Address _____

Beginning date: _____ Exp. date: _____

Amount of Coverage: _____

As a participating provider in NSAPN, it is understood that when you are working on NSAPN referred cases, you are responsible solely and financially as an independent contractor for maintaining worker's compensation insurance in accordance with the State where you reside and automobile insurance for business-related functions, and that you are solely responsible financially and legally for maintaining continuation in the specified professional and general liability insurance coverages and that you will mail new certificates of insurance to NSAPN at the time you annually renew for both professional and general liability. If an office location is changed or if any cancellation in professional and general liability policies occur during the ensuing year, you understand that you alone are responsible for forwarding such documentation to NSAPN. Also understood is the fact that NSAPN will be asking for updated information and changes in professional and general liability at the point of making all SAP referrals along with current documentation concerning licensure and certification.

It is further understood that as part of the application process the requested documentation must accompany or be supplied or submitted in a timely manner as part of this membership process, and if or when any changes occur in the information you have provided herein, it is understood that you must notify NSAPN prior to case referral from NSAPN. In addition, I attest to the complete honesty of the responses provided herein and the accompanying paperwork submitted to NSAPN.

Signature of Applicant with credential(s)

Date

Print full name of above signature



MEMBERSHIP AGREEMENT FOR PROVIDER NETWORK

This agreement provides for network participation in National SAP Network (NSAPN) as Substance Abuse Providers being certified or licensed and/or qualified in one or more the following categories:

[Note: DOT/Dept. of Transportation; NRC/ Nuclear Regulatory Commission]

- Substance Abuse (SA) specialists;
- Substance Abuse Professionals (qualified SAP under DOT);
- Substance Abuse Evaluators (qualified SAE under the NRC).

This Membership Agreement sets the following understandings and expectations between NSAPN and the network provider. A Service Agreement is conducted with the SA specialist/SAP/SAE prior to each case referral from NSAPN. Underlying all provisions herein is the understanding that the foremost concern of performing SA work is to “protect public safety” regarding DOT or NRC case referrals and to strengthen workplace safety as well as public safety concerning non-regulated case referrals.

1. The SA provider understands that provider membership in National SAP Network signifies no financial or legal entwining of business interests and that there is no cost for membership in the network and each entity is independent from each other as service agents.
2. To be a SA provider signifies that the clinician whether conducting DOT, NRC or nonregulated case referrals must meet the appropriate qualification requirements in terms of “credentials” and “basic knowledge,” and for conducting DOT or NRC governed case referrals, has completed qualification training and continue education expectations according to DOT or NRC regulations.
3. The SA provider understands that NSAPN and the SA provider will work cooperatively in terms of the service agreement signed for each type of case referral.
4. The SA provider understands that NSAPN administers the SA program, (1) as the designated agent for the employer and/or the referring agent, and (2) as detailed in the service agreement per case referral from NSAPN and (3) maintains evaluation/recommendation information in confidential files for at least five years.
5. The SA provider understands that NSAPN will assign the SA evaluation referral to the SA provider with specific instructions and procedures per the service agreement; NSAPN will manage the case referral for nonregulated case referrals and will communicate with the SAP or SAE on DOT or NRC referrals regarding case status and follow-up for the duration of each case concerning client and employer issues with the purpose of maintaining program compliance.
6. Regarding NSAPN’s non-regulated cases, the SA provider understands that all written correspondence will be transmitted by NSAPN and on NSAPN’s letterhead.
7. Regarding DOT and SAE case referrals, SA providers understand: (1) that NSAPN maintains all existing and updated education and training records pertinent to being a provider in the network; 2) that the SA provider has the responsibility to inform NSAPN of pertinent, current and updated qualification and CEU training; 3) that the SA provider has the responsibility to maintain general and professional liability insurance, at expected limits of at least \$1,000,000 for general liability and \$1,000,000/\$3,000,000 aggregate for professional liability, with timely notification to NSAPN; 4) SAPs and SAEs have necessary qualification training and continuing education requirements and documentation should be retained by the individual SAP or SAE who should be prepared to show such documentation when requested by others; 5) At the point of completing SAP or SAE qualification training or continuing education , SAP or SAE providers are to submit a copy of such documentation to NSAPN.
8. To receive case referrals from NSAPN, any renewals and changes regarding the SA’s insurance coverage and licensure/certification status as stated in the membership application must be reported to NSAPN immediately.
9. NSAPN does not make any guarantee to network providers concerning the number, frequency and type of referrals.
10. NSAPN reserves the right to remove providers from the network with or without cause.

ACCEPTED:

By SAP Network Provider: _____
Print Name: _____

Date: _____



CONFIRMATION OF SAP QUALIFICATIONS

Directions: Complete this form and submit to NSAPN.

SAP QUALIFICATION CRITERIA: All Substance Abuse Professionals must meet the 49 CFR Part 40 (DOT) “credential” and “basic knowledge” expectations as part of NSAPN's qualification criteria,

Being a licensed physician (Medical Doctor or Doctor of Osteopathy), a licensed or certified psychologist, a licensed or certified social worker, a state licensed marriage and family therapist, or certified employee assistance professional--each of which have 3,000 hours of demonstrated knowledge of and clinical experience in the diagnosis and treatment of controlled substance-related disorders,

or being an alcohol and drug abuse counselor certified by either: (1) The National Association of Alcoholism and Drug Abuse Counselors (NAADAC), meeting all requirements in experience/educational hours for NCAC Levels I and II and Master Addictions Counselor (MAC); (2) The International Certification and Reciprocity Consortium (ICRC), meeting 6000 hours of alcohol and drug counseling experience and 270 classroom hours on substance abuse or related counseling subjects.

MARK (X) BELOW: Licensure/Certification

- MD, DO
- Psychologist
- LCSW or CSW
- CEAP
- NAADAC
 - MAC
 - NCAC
- NBCC
 - MAC
- ICRC
- LMFT

I confirm that my credentials (licensure/certification) are current and in good standing and that my knowledge (clinical experience and training) concerning the field of alcohol/controlled substances-related disorders does satisfactorily meet the expectation of NSAPN’s qualification criteria (given above). I confirm further that I have passed the SAP qualification training examination with a certificate dated _____ demonstrating as such from _____ (name of organization i.e. SAPAA, EAPA., NAADAC, ICRC, etc.)— all of which satisfy the DOT training/examination requirement under 49 CFR Part 40. I attest herein that all information provided is true and complete that that I have submitted to NSAPN a copy of my current professional credentials/certifications and my certificate demonstrating my satisfactory completion of the required SAP qualification training examination.

Print Name _____

Provider Signature _____ Date _____

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 (as shown on your income tax return)	
	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"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
	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. The TIN provided must match the name given on Line 1 to avoid backup withholding. 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 3. 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 3.

Social security number
or
Employer identification number

Note. If the account is in more than one name, see the chart on page 4 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. citizen or other U.S. person (defined below).

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 4.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain 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 provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

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.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a “saving clause.” Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

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

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called “backup withholding.” Payments that may be subject to backup withholding include interest, tax-exempt 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,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,

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 below and the separate Instructions for the Requester of Form W-9.

Also see *Special rules for partnerships* on page 1.

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 income tax return. 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 entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your income tax return 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). Check the “Limited liability company” box only and enter the appropriate code for the tax classification (“D” for disregarded entity, “C” for corporation, “P” for partnership) in the space provided.

For a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Regulations section 301.7701-3, enter the owner’s name on the “Name” line. Enter the LLC’s name on the “Business name” line.

For an LLC classified as a partnership or a corporation, enter the LLC’s name on the “Name” line and any business, trade, or DBA 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.

Note. You are requested to check the appropriate box for your status (individual/sole proprietor, corporation, etc.).

Exempt Payee

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

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

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

The following payees are exempt from backup withholding:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),
2. The United States or any of its agencies or instrumentalities,
3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,
4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
5. An international organization or any of its agencies or instrumentalities.

Other payees that may be exempt from backup withholding include:

6. A corporation,
7. A foreign central bank of issue,
8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
9. A futures commission merchant registered with the Commodity Futures Trading Commission,
10. A real estate investment trust,
11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
12. A common trust fund operated by a bank under section 584(a),
13. A financial institution,
14. A middleman known in the investment community as a nominee or custodian, or
15. A trust exempt from tax under section 664 or described in section 4947.

The chart below shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 9
Broker transactions	Exempt payees 1 through 13. Also, a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker
Barter exchange transactions and patronage dividends	Exempt payees 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 7

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation (including gross proceeds paid to an attorney under section 6045(f), even if the attorney is a corporation) and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, and payments for services paid by a federal executive agency.

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 a single-member LLC that is disregarded as an entity separate from its owner (see *Limited liability company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 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 or get this form online at www.ssa.gov. You may also get this form by calling 1-800-772-1213. Use 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 apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting www.irs.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

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. Entering "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, 4, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt payees, see *Exempt Payee* on page 2.

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, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

Call the IRS at 1-800-829-1040 if you think your identity has been used inappropriately for tax purposes.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes.

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS personal property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: spam@uce.gov or contact them at www.consumer.gov/idtheft or 1-877-IDTHEFT(438-4338).

Visit the IRS website at www.irs.gov to learn more about identity theft and how to reduce your risk.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
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 or disregarded entity owned by an individual	The owner ³
For this type of account:	Give name and EIN of:
6. Disregarded entity not owned by an individual	The owner
7. A valid trust, estate, or pension trust	Legal entity ⁴
8. Corporate or LLC electing corporate status on Form 8832	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership or multi-member LLC	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 and you may also enter your business or "DBA" name on the second name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the 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.) Also see *Special rules for partnerships* on page 1.

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.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide 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 or HSA. 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, the District of Columbia, and U.S. possessions to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 28% 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.

EDUCATION & TRAINING

NSAPN

Name of Provider: _____

DIRECTION: List Below your clinical experience and training in the "diagnosis and treatment of alcohol-and controlled substances-related disorders."

***Describe Clinical Work Experience:** (Attach additional pages as needed)

FOR WHAT ORGANIZATION (Name/address)	JOB/WORK FUNCTION PERFORMED (Describe in relation to the alcohol/drug field)	DATES (Mo/Yr to Mo/Yr) (Beginning/Ending)	TOTAL TIME (Overall Hours)
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***Describe Alcohol/Drug Training:** (Attach additional pages as needed)

TYPE/NAME OF ACTIVITY	OFFICIAL SPONSOR OF EVENT	ACTIVITY DATE(S)	TOTAL # OF HOURS
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SAP EVALUATOR SERVICE AGREEMENT

This agreement establishes the expectations of service implementation for the SAP evaluator _____ and National SAP Network (NSAPN), the SAP program administrator.



RE: _____ (Client Name)
SSN ____ - ____ - _____ Signed at the time of ____Initial ____Follow-up

The terms of the service engagement are as follows:

1. The SAP evaluator understands that NSAPN administers the SAP program as the designated agent for the employer and/or the referring agent, and as such, NSAPN manages and administers all procedures of the SAP program and is the official custodian of SAP records maintaining evaluation/recommendations information in confidential files, in accordance with governing authority (i.e., DOT, HIPAA).
2. The SAP evaluator agrees, in a timely and cooperative manner, to implement and complete all aspects of NSAPN's approved materials in NSAPN's program packet.
3. The SAP evaluator will provide a face-to-face evaluation, assessing the client's use of alcohol and drugs and then provide appropriate recommendations using NSAPN's approved instrument and interpretation tools.
4. At the time of referral, the SAP evaluator understands: 1) that the provider must have credentials and insurance coverage current, 2) that the burden or legal responsibility to report any change(s) in status of credential(s) or insurance coverage is with the SAP evaluator, and 3) that NSAPN must receive certain documents from the SAP prior to assigning any case to a SAP.
5. Given the fact that NSAPN's referrals result from an infringement of regulation or of organizational policy, the SAP evaluator understands that the SAP must use the standard of 49 CFR Part 40: 1) SAP can only recommend for a course of assistance (no option for no assistance) which needs to be placed at one of NSAPN's specified levels of care for Aeducation and/or treatment@ [Subpart 0, 40.293(b)]; 2) SAP cannot consider as a factor in any SAP determinations information or claims from the employee or personal opinions of the SAP concerning the justification or accuracy of testing results [Subpart 0, 40.293(f)] or of organizational policy.
6. The SAP evaluator maintains the client's confidentiality, and relies solely on NSAPN to manage, to coordinate, and to clarify information to other involved pertinent parties; it is further understood that NSAPN is not a covered entity under HIPAA, but NSAPN, being a business associate in varying instances to those which are covered, adheres to the expectations of HIPAA for privacy and confidentiality.
7. The SAP evaluator will implement and follow completely, in a timely manner, NSAPN's evaluation protocol as provided by NSAPN.
8. The SAP evaluator understands that the SAP role does not involve the workplace determinations of placing the client off-work or that of return-to-work, and as such, the SAP is never to implement or to sign paper work other than that specified by NSAPN.
9. The SAP evaluator understands that NSAPN will notify ongoingly the SAP of needed action: 1) of the need for program modification, if justification has been identified, and/or 2) of the impending need for written notification to the employer of the client's program noncompliance.
10. The SAP evaluator agrees to provide to NSAPN the documentation certifying the satisfactory completion of SAP qualification training as soon as the SAP completes this DOT required training .
11. The SAP evaluator provides herein for NSAPN to act as the SAP agent in consulting with the MRO, as needed, on SAP-related issues.
12. NSAPN agrees to pay the SAP evaluator at the mutually arranged rate, and from the date NSAPN receives the billing invoice, payment will be made to the SAP evaluator within approximately sixty days; NSAPN pays only for services rendered with NSAPN's prior authorization (i.e., cancellations and no-shows not payable).
13. The terms of this agreement begin on the date of signing this agreement and apply only to this particular client case and the service function(s) provided and could be in force for a duration of up to six years, as specified by the regulatory authority.
14. **Mutual Indemnification:**
NSAPN, hereby, agrees to indemnify and hold harmless the SAP evaluator, herein, from loss, damage, liability, claims, and causes of action arising as a result of acts or omissions by NSAPN in enacting the program administrative role.

The SAP evaluator, hereby, agrees to indemnify and hold harmless NSAPN from loss, damage, liability, claims, causes of action arising as a result of acts or omissions by the SAP evaluator, herein, as to the service rendered, both in the quality and the delivery, as designated herein and as a professional performing the evaluation/recommendation functions of the SAP.

ACCEPTED:

By NSAPN: _____
By SAP Evaluator: _____

Date: _____
Date: _____