STATE OF MAINE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF LICENSING AND CERTIFICATION

Behavioral Health Program

Employee Assistance Program Application

SECTION 1: Agency Information			
Company Name:		Legal Name:	
Physical Address:			
City:	State:	Zip:	County:
Mailing Address:			
City:	State:	Zip:	County:
Telephone No.: ( )		Fax No.: ( )	
Agency Email Address:			
State Tax ID or Employer ID No.:			

SECTION 2: Fees	
APPLICATION FOR EMPLOYEE ASSISTANCE PROGRAM CERTIFICATE	
License Type: (check the box below that applies) ☐ **New License** (Fee **$100.00**) ☐ **Renewal License** (Fee **$50.00**) **Total License Fee:** **If this is a renewal application, enter your current license # here:** _____	$ _____
Credit Cards are not accepted at this time. Do not send cash. **Total Check/Money Order Enclosed:** Make check or money order payable to "Treasurer, State of Maine" ***All fees are non-refundable and non-transferrable.**	$ _____

For questions regarding this program and/or application, please contact the following:
Department of Health and Human Services
Licensing and Certification
Behavioral Health Program
41 Anthony Ave, 11 State House Station, Augusta, ME 04333-0011
Email: dlrs.info@maine.gov
Tel: (207)287-9300 Opt 2 Fax: (207)287-5815 Toll Free: 1-800-791-4080 TTY users call Maine Relay 711

Office Use Only:
Check# _____ *MO #* _____ *Amount $*_____ *Initials:* _____ *License#* _____

SECTION 3: Contact Information	
Name and Title of Primary Contact Person:	
Telephone No.: ( )	Email Address:
Name and Title of Executive Director:	
Telephone No.: ( )	Email Address:

Ownership/Corporate Name:			
Mailing Address:			
City:	State:	Zip:	County:
Telephone No.: ( )	Fax No.: ( )		

SECTION 4: Program Information

Type of Company:

☐ Individual Proprietorship ☐ Non-Profit Corporation ☐ For-Profit Corporation ☐ Church

☐ Partnership ☐ Tribal Government ☐ Other (describe): _____

EAP Service Provider: (if contract agency):	
Mailing Address (City, State, ZIP and County):	
Telephone:	**FAX Number:**

SECTION 5: Submission Checklist

You must submit the following documents with your completed application:

☐ A check or money order made payable to "Treasurer, State of Maine" (all new and renewal applications)

☐ Policy Manual (new applications only)

☐ Annual Report (renewal applications only)

☐ Two (2) Year Re-evaluation Utilization Report (renewal applications only)

SECTION 8: Declaration

I/We further certify that all information contained in this application (including Attachment A) is complete and accurate.

_____	_____	_____
Print name of Executive Director	**Signature of Executive Director**	**Date**
_____	_____	_____
Print name of Board President (If Applicable)	**Signature of Board President (If Applicable)**	**Date**