



THE **ARDENT** COUNSELING CENTER
counseling for individuals of all ages

Employee Assistance Program (EAP) Registration Form

Client Name (First & Last): _____

EAP Company Name: _____

Phone number of EAP: _____

Billing address of EAP: _____

EAP Authorization Number: _____

Number of Visits Authorized: _____

Authorization Period: _____ to _____