

Taylorred Counseling

Assessment • Evaluation • Counseling • Education

SAP Initial Evaluation and Recommendations

Employee _____ SS# _____

Employer _____

Employer Address(s)

DER Name and Title _____

DOT Operating Administration _____

Violation and Violation Date _____

Assessment Date(s) _____

Findings and Recommendations:

Referral Agency/Program

I certify that I am a qualified Substance Abuse Professional (SAP) and that I have knowledge of and clinical experience in the diagnosis and treatment of alcohol and drug use, abuse, and/or dependence, and related disorders.

As a Substance Abuse Professional (SAP), I have complied with the DOT regulations regarding my evaluation and recommendations for the above named employee.

Melvin Taylor

Name of SAP (Print)

(480) 340-2587

Phone #

SAP Signature

Date