



The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Department of Public Health  
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**SUBSTANCE ADDICTION RECOVERY PROGRAM (SARP)  
PRE-ADMISSION COMPREHENSIVE EVALUATION EVALUATOR FORM**

This form is completed by a SARP applicant and is submitted with their SARP application materials. **This form may be faxed to (617)887-8786.** This form supplies information to SARP staff for who may be doing the pre-admission evaluation. Those who may complete the evaluation includes:

A Massachusetts licensed professional with a license in good standing that is either:

1. A board-certified Psychiatrist, or;
2. A Psychiatric Mental Health Nurse Clinical Specialist, or;
3. A board-certified Psychiatric Mental Health Nurse Practitioner, or;
4. A PhD/PsyD practicing clinical psychology, or;
5. A Licensed Independent Clinical Social Worker, or;
6. A Licensed Mental Health Counselor, or;
7. A Licensed Alcohol and Drug Counselor-I, or;
8. A licensed Medical Doctor or Doctor of Osteopathy, Physician Assistant, and Nurse Practitioner, that has substantive experience as evidenced by the submission of a current resume, curriculum vitae, or by certification, in the performance of evaluation of substance use disorders.

**Instructions:** Please be advised that the evaluation follows a comprehensive evaluation format. SARP applicants are expected to identify an evaluator and establish an assessment appointment. Prior to the appointment, the evaluation form will be sent either by fax, mailed, or digitally, to the evaluator provided in the space below:

<b>Nurse Applicant Name:</b>	
EVALUATOR NAME:	
LICENSE TYPE: (check one)	<input type="checkbox"/> MD/DO Psychiatrist <input type="checkbox"/> PhD/PsyD practicing Clinical Psychology <input type="checkbox"/> PMHNP-BC <input type="checkbox"/> PMHCNS <input type="checkbox"/> LCSW <input type="checkbox"/> LMHC <input type="checkbox"/> LADC-I <input type="checkbox"/> MD/DO, PA, NP w/ substantive substance use disorder evaluation experience
PHONE NUMBER:	
FAX NUMBER:	
EMAIL:	
ADDRESS: (Organization name, street address, city/town, zip code)	

Please note that SARP staff may ask the SARP applicant to complete a Release of Information (ROI) form to authorize SARP staff to speak with the evaluator.