



SAMHSA Physician Clinical Support System (PCSS)

Coordinated by the American Society of Addiction Medicine, in collaboration with the American Academy of Addiction Psychiatry, American Osteopathic Association of Addiction Medicine, and the American Psychiatric Association

NAME, DEGREE
CURRENT POSITION (ROLE/TITLE):
RESIDENCY TRAINING:
POST RESIDENCY TRAINING:
CITY, STATE AND ZIP CODE OF YOUR PRIMARY PRACTICE LOCATION:

Mentor criteria: Mentor physicians will be selected based upon their clinical and teaching expertise with particular attention to their understanding of opioid dependence, the rationale for buprenorphine treatment, their adherence to evidence and guideline-based treatment, their teaching ability, their willingness to provide consultation by phone and email, and their willingness to provide mentees with the opportunity to observe their practice and patients.

Those interested in becoming a mentor should provide evidence of meeting these criteria:

Questions:	Responses:
Please briefly describe your experience in treating opioid dependent patients, include duration, estimates of patients seen per year, and types of therapies provided	

<p>Please briefly describe your experience providing buprenorphine treatment limited to FDA approved indications for buprenorphine (aka Subutex) and buprenorphine/naloxone (aka Suboxone). Include length of experience, estimates of the number of patients seen per year, and types of therapies provided (e.g. maintenance or detoxification).</p>	
<p>Please provide examples of your adherence to evidence and guide-line based treatment and the names and contact information for two colleagues who can comment on your adherence to these guidelines.</p>	
<p>Briefly describe your teaching experience including courses directed, lectures given, case conferences, and direct mentorship/training of medical students, residents, fellows and/or practicing clinicians. Please provide the names and contact information for two colleagues who can comment on your teaching abilities.</p>	
<p>Are you willing and able to provide consultation by phone and email on an ongoing basis?</p> <p>If so, with what frequency (e.g. daily, thrice weekly, weekly).</p>	
<p>Are you willing and able to provide mentees with the opportunity to observe your practice with buprenorphine and patients?</p> <p>If so, with what frequency (e.g. daily, thrice weekly, weekly).</p>	
<p>What is your medical specialty?</p>	
<p>Organization Membership (check all that apply)</p>	<p><input type="checkbox"/> ASAM <input type="checkbox"/> AAAP <input type="checkbox"/> AOAAM <input type="checkbox"/> APA</p>
<p>Is your medical malpractice insurance current, and, if so, what are the limits of that coverage.</p> <p>*State 'N/A' if you are employed by the Department of Veterans Affairs.</p>	

We ask that all submissions for participation in the mentor program be made electronically.

Please submit completed forms to:

PCSS Project

Email: PCSSproject@ASAM.org Fax: (301) 576-5156