



## SAMHSA Physician Clinical Support System - Methadone (PCSS-M)

Coordinated by the American Society of Addiction Medicine,  
in collaboration with the  
American Academy of Addiction Psychiatry, American Osteopathic Association of Addiction Medicine, the  
American Psychiatric Association, American Pain Society, American Academy of Pain Medicine, American  
Medical Association, American College of Physicians

<b>NAME, DEGREE</b>
<b>CURRENT POSITION (ROLE/TITLE):</b>
<b>RESIDENCY TRAINING:</b>
<b>POST RESIDENCY TRAINING:</b>
<b>CITY, STATE AND ZIP CODE OF YOUR PRIMARY PRACTICE LOCATION:</b>
<b>EMAIL ADDRESS:</b>
<b>PHONE NUMBER:</b>

**Mentor criteria:** Mentor physicians will be selected based upon their clinical and teaching expertise with particular attention to their:

- understanding of opioid dependence,
- understanding of and experience with treating pain,
- rationale for methadone treatment,
- adherence to evidence and guideline-based treatment, when available,
- teaching ability,
- willingness to provide consultation by phone and email, and
- willingness to provide participants with the opportunity to observe their practice and patients.

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

Mentors will be grouped according to area of specialization. Which mentor group do you wish to join?  
(check all that apply)

Using methadone to treat opioid dependence in licensed opioid treatment programs

Using methadone to treat pain in pain specialty settings

Using methadone to treat pain in primary care settings

Questions:	Responses:
Please briefly describe your experience in treating opioid dependent patients with methadone, include duration, estimate of patients seen per year, and specific programs where you have worked.	
Please briefly describe your experience in treating pain patients with methadone, include duration, estimate of patients seen per year, and settings.	
Please provide examples of your adherence to evidence and guide-line based treatment (if applicable) or best practices.	
Please provide the names and contact information for two colleagues who can comment on your adherence to guidelines and/or best practices.	
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>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 participants with the opportunity to observe your practice with opioid dependent and/or pain patients on methadone?</p> <p>If so, with what frequency (e.g. daily, thrice weekly, weekly).</p>	
What is your medical specialty?	
Year of board certification and specialty(ies)	

Organization Membership (check all that apply)	<input type="checkbox"/> <b>AMA</b> <input type="checkbox"/> <b>ACP</b> <input type="checkbox"/> <b>SGIM</b> <input type="checkbox"/> <b>AAFP</b> <input type="checkbox"/> <b>AOA</b> <input type="checkbox"/> <b>OTHER</b>
Are you a Department of Veterans Affairs Physician?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
What type of Malpractice Insurance do you have?  *N/A if you are a VA physician.	

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

Please submit completed forms to:

PCSS Methadone Project  
 Email: [PCSSproject@ASAM.org](mailto:PCSSproject@ASAM.org)  
 Fax: (301) 576-5156

Provided by: Physician Clinical Support System, (877) 630-8812; [PCSSproject@asam.org](mailto:PCSSproject@asam.org); [www.PCSSmentor.org](http://www.PCSSmentor.org)