Sample EBP Language for Peer Review Forms:

| **Provider Reviewed:** | **Case #1**  **Initials: \_\_\_\_** | | | **Case #2**  **Initials: \_\_\_\_** | | | **Case #3**  **Initials: \_\_\_\_** | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Yes** | **No** | **N/A** | **Yes** | **No** | **N/A** | **Yes** | **No** | **N/A** |
| Is there evidence that an EBP was offered for key diagnoses (e.g., PTSD, MDD, SUD)?\* |  |  |  |  |  |  |  |  |  |
| If psychotherapy is being provided, is it one of the VA/DoD recommended EBPs?\*  [For PTSD, MDD, SUD] |  |  |  |  |  |  |  |  |  |
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\*Note, charts with a “no” on these particular criteria should not be failed overall. These items are intended to allow clinic staff to track levels of EBP being offered and used for key disorders, and to allow clinics to track compliance with DoD guidance requiring that EBPs be available for patients with certain disorders.