



Email completed form to:
 HS_BHRS_QM@smcgov.org

INCLUDE OFFICIAL PRINTOUT OF THE FOLLOWING:
 License/Registration NPI Medicare (PTAN)

Instructions to IT Team for Set up:

Provider/Staff Information:

Name: _____
Last First and Middle
 Birthdate: _____ Social Security Number: _____
 Work Email: _____ Work Phone: _____
 Position: _____ System: County Staff Contractor SPPN

***Licensed / Registered Staff:**
NAME EXACTLY as it appears on license/registration at <https://search.dca.ca.gov/>

***No License / Not registered:**
NAME EXACTLY as it appears at <https://nppes.cms.hhs.gov/#/>

Supervisor Information:

Direct Supervisor Name: _____ Direct Supervisor Email: _____
 Name of Supervisor Completing this Form: _____ Date of Request: _____

****For Clinical Student Interns: The Supervisor is the person signing off on therapy hours. If you are Supervising a Clinical Student Intern, you must be credentialed as a Clinician and have an Avatar therapist number/account****

Program/Work Site Information:

Agency Name: _____ Program Name: _____
 Location/Address: _____ Work Zip Code: _____

AARS (no location role)	Fred Finch (no location role)	Rebekah Children's Services (no location)
Caminar (caminar)	Front Street (no location role)	StarVista (svgirls)
Children's Health Council (no location)	Mateo Lodge (mateolodge)	StarVista Women's Enrichment Center
Cordilleras (cordilleras)	Mental Health Association (mha)	Telecare (telecare transitions)
Daly City Youth (no location role)	Prep/Beam (no location role)	Youth Service Bureau (no location role)
Edgewood (edgewood)	Psynergy (no location role)	Other (Specify):

Provider/Staff Set Up (Check all that Apply):

- New Avatar User**
- New Therapist/Provider Number** (NEW Direct Service Provider)
- Full Avatar Access** (Clinical role: progress notes, other clinical documents)
- Administrative Avatar** (Avatar PM) (Admissions, discharging, etc.)
(User Role: Admin)
- Requires Co-Signature** for Clinical Documents
(Co-Signer's Name: _____)
- Avatar Order Connect** (Prescribing in Avatar) (County Medical Staff Only)

Update to current Provider or Avatar User. Specify Update Needed:

Effective Date: _____

For Prescribers Only

If the user is a Prescriber, you **must** notify Barbara Liang, BHFS Director of Pharmacy Services (bliang@smcgov.org).

Type of Prescriber:
 MD NPF
 Pharmacist RN/NP
 Guest Look Up Other Nursing

Additional Information:
 Year of 1st Licensure:
 % Time work in SMC:
 Est # clients each wk:

Direct Service Staff Information

Demographic Information

Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Transgender (MtoF) <input type="checkbox"/> Transgender (FtoM) <input type="checkbox"/> Queer <input type="checkbox"/> Another Gender <input type="checkbox"/> Undisclosed	Language (FLUENT - Provides Services) <input type="checkbox"/> American Sign Language <input type="checkbox"/> Chinese <input type="checkbox"/> Spanish <input type="checkbox"/> Tagalog <input type="checkbox"/> Tongan <input type="checkbox"/> Other Language(s) _____	Ethnicity/Race <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Black-African-American <input type="checkbox"/> Asian-Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean	<input type="checkbox"/> Pacific Islander <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian <input type="checkbox"/> American Native <input type="checkbox"/> Unknown <input type="checkbox"/> Multiple <input type="checkbox"/> Other Race(s) _____
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Details of Service to be Provided

# of Hours per week serving SM Medi-Cal Clients: _____	Telehealth <input type="checkbox"/> Yes <input type="checkbox"/> No	Field-Based <input type="checkbox"/> Yes <input type="checkbox"/> No	If Field-Based: Distance (Range) Travels to Provide Field-Based Services: _____
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Areas of Expertise

Cultural Competence Training (within last year): Yes No O – Only Sees Children/Youth N – Does not see Children/Youth

MENTAL HEALTH AREA OF EXPERTISE: Child Adult TAY Older Adult Substance Abuse Veterans Perinatal
 Lesbian, Gay and Bisexual Transgender

PROVIDER PRACTICE FOCUS (Please select up to 5 that apply):

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Adjustment Disorders | <input type="checkbox"/> Factitious Disorders | <input type="checkbox"/> Schizophrenia-Other Psychotic Disorders | <input type="checkbox"/> Disorders Usually First Diagnosed Infancy, Childhood, Adolescence |
| <input type="checkbox"/> Anxiety Disorders | <input type="checkbox"/> Dissociative Disorders | <input type="checkbox"/> Dementia, and Amnestic and other Cognitive Disorders | <input type="checkbox"/> Impulse-Control Disorders Not Otherwise Elsewhere Categorized |
| <input type="checkbox"/> Depressive Disorders | <input type="checkbox"/> Eating Disorders | <input type="checkbox"/> Mental Disorders Due to a General Medical Condition | |
| <input type="checkbox"/> Bi-polar Disorders | <input type="checkbox"/> Sleep Disorders | <input type="checkbox"/> Sexual and Gender Identity Disorders | |
| <input type="checkbox"/> Mood Disorders | <input type="checkbox"/> Delirium | | |
| <input type="checkbox"/> Personality Disorder | <input type="checkbox"/> Substance-Related Disorders | | |
| <input type="checkbox"/> Somatoform Disorder | | | |

Direct Service Staff Credentials / Position

General Providers (Other) **User Role: COMMUNITY WORKER**

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Community Worker | <input type="checkbox"/> MSW (Masters Social Work) | <input type="checkbox"/> Peer Support Worker | <input type="checkbox"/> Mental Health Rehabilitation Specialist |
| <input type="checkbox"/> Counselor | <input type="checkbox"/> Mental Health Counselor | <input type="checkbox"/> Family Partner | <input type="checkbox"/> LEP <input type="checkbox"/> OT <input type="checkbox"/> Medical Assistant |

Peer Support Specialist **User Role: PEER SUPPORT SPECIALIST**

- Peer Support Specialist

Clinicians **User Role: CLINICIAN**

- ASW AMFT APCC LMFT LCSW LPCC Psychologist Reg Psychologist Reg Psychological Associate

Clinicians (STUDENT Clinician) Clinician Student Intern **User Role: MATRAINEE**

Medical Nursing Providers **User Roles**

Psychiatry <input type="checkbox"/> MD - Psychiatrist <input type="checkbox"/> DO - Psychiatrist <input type="checkbox"/> MD <input type="checkbox"/> NP <input type="checkbox"/> NPF <input type="checkbox"/> PMH <input type="checkbox"/> Physician Assist	MDSRNS
Nurse <input type="checkbox"/> RN	RNSNOMHMASTERS
Nurse Psy <input type="checkbox"/> RN, MS (RN, MS PSY) <input type="checkbox"/> CNS	RNSMHMASTERS
LPT <input type="checkbox"/> LPT <input type="checkbox"/> LVN	LPT
Residents <input type="checkbox"/> MD – Resident Post-Graduate Training License (PTL) <input type="checkbox"/> RN-Intern-NP <input type="checkbox"/> DO – Resident Post-Graduate Training License (PTL)	MD RESIDENT
<input type="checkbox"/> MD - Psychiatrist - Resident	MDSRNS

National Provider Identifier (NPI) – All Providers

NPI #: _____ **Taxonomy Code:** _____

License/Registered Providers – Lic/Reg #: _____ **Issuance Date:** _____ **Expiration Date:** _____

Prescriber License / Certification Information – Prescribers Only

Medicare PTAN Information: _____ **Effective Date: MD Board** _____

DEA # (MD/DO/NPF): _____ **Certified? Yes, Board:** _____

Provider/Staff:

Supervisor Completing Form:

Date of Request:

	PRACTITIONER CATEGORY (PRINTS ON DOCUMENTS)	PRACTITIONER CATEGORIES FOR COVERAGE (BILLING) MIS	DISCIPLINE (SCOPE/PROGRESS NOTES) MIS	PROFESSIONAL USER ROLES CONTROLS CLINICAL DOC not PN) AVATAR user	TAXONOMY CODE	Verify License	Board
	ADMINISTRATOR- ADDITIONAL USER ROLES May be added	N/A	OTHER	ADMIN	None	None	None
	ACSW (ASSOCIATE CLINICAL SOCIAL WORKER)	(2) SOCIAL WORKER – ASW	SOCIAL WORK	CLINICIAN	104100000X	https://search.dca.ca.gov/	Behavioral Sciences
	AMFT (ASSOCIATE MARRIAGE THERAPIST)	(3) CLINICIAN THERP-AMFT,LMFT,LPC,APCC	FAMILY THERAPIST	CLINICIAN	106H00000X	https://search.dca.ca.gov/	Behavioral Sciences
	APCC (ASSOCIATE PROFESSIONAL CLINICAL COUNSELOR)	(3) CLINICIAN THERP-AMFT,LMFT,LPC,APCC	FAMILY THERAPIST	CLINICIAN	101Y	https://search.dca.ca.gov/	Behavioral Sciences
	LCSW (LICENSED CLINICAL SOCIAL WORKER)	(1) LICENSED CLINICAL SOCIAL WORKER (LCSW)	SOCIAL WORK	CLINICIAN	1041C0700X	https://search.dca.ca.gov/	Behavioral Sciences
	LPCC (LICENSED PRO CLIN COUNSELOR)	(3) CLINICIAN THERP-AMFT,LMFT,LPC,APCC	FAMILY THERAPIST	CLINICIAN	101Y	https://search.dca.ca.gov/	Behavioral Sciences
	MFT (MARRIAGE FAMILY THERAPIST)	(3) CLINICIAN THERP-AMFT,LMFT,LPC,APCC	FAMILY THERAPIST	CLINICIAN	106H00000X	https://search.dca.ca.gov/	Behavioral Sciences
	PHD (LICENSED CLINICAL PSYCHOLOGIST)	(9) PSYCHOLOGIST	PSYCHOLOGY	CLINICIAN	103T,102L,103G	https://search.dca.ca.gov/	Psychology
	PSY (LICENSED CLINICAL PSYCHOLOGIST)	(9) PSYCHOLOGIST	PSYCHOLOGY	CLINICIAN	103T,102L,103G	https://search.dca.ca.gov/	Psychology
	PSYD (LICENSED CLINICAL PSYCHOLOGIST)	(9) PSYCHOLOGIST	PSYCHOLOGY	CLINICIAN	103T,102L,103G	https://search.dca.ca.gov/	Psychology
	WPSY(WAIVERED CLINICAL PSYCHOLOGIST)	(9) PSYCHOLOGIST	PSYCHOLOGY	CLINICIAN	103T,102L,103G	https://search.dca.ca.gov/ QM Approval	Psychology
	INTERN	(14) CLINICAL/INTERN/STUDENT/RESIDENT	THERAPY	MATRINEE	390200000X	None	None
	REGISTERED PSYCHOLOGICAL ASSOCIATES	(14) CLINICAL/INTERN/STUDENT/RESIDENT	PSYCHOLOGY	CLINICIAN	103T,102L,103G	https://search.dca.ca.gov/	Psychology
	MEDICAL ASSISTANT	(12) COMMUNITY WORKER/CASE MANAGER	OTHER	COMMUNITY WORKER	172V00000X	None	None
	MSW (MASTERS SOCIAL WORK)	(13) MENTAL HEALTH COUNSELOR	OTHER	COMMUNITY WORKER	171M00000X	None	None
	OT (OCCUPATIONAL THERAPIST)	(10) OCCUPATIONAL THERAPIST	OCCUP THER	COMMUNITY WORKER	225X	https://search.dca.ca.gov/	Occupational Therapist
	COUNSELOR	(13) MENTAL HEALTH COUNSELOR	OTHER	COMMUNITY WORKER	172V00000X	None	None
	CW (COMMUNITY WORKER)	(12) COMMUNITY WORKER/CASE MANAGER	OTHER	COMMUNITY WORKER	172V00000X	None	None
	DIETICIAN	(15) OTHER NONBILLABLE	OTHER	COMMUNITY WORKER	NOT NEEDED	N/A	None
	FP- FAMILY PARTNER	(12) COMMUNITY WORKER/CASE MANAGER	OTHER	COMMUNITY WORKER	172V00000X	None	None
	LEP (LICENSED EDUCATIONAL PSYCHOLOGIST)	(13) MENTAL HEALTH COUNSELOR	OTHER	COMMUNITY WORKER	171M00000X	https://search.dca.ca.gov/	Behavioral Sciences
	MHRS (MENTAL HEALTH REHABILITATION SPECIALIST)	(13) MENTAL HEALTH COUNSELOR	OTHER	COMMUNITY WORKER	171M00000X	QM Approval: Application Form	None
	MHC (MENTAL HEALTH COUNSELOR)	(13) MENTAL HEALTH COUNSELOR	OTHER	COMMUNITY WORKER	172V00000X	None	None
	PEER SUPPORT WORKER	(12) COMMUNITY WORKER/CASE MANAGER	OTHER	COMMUNITY WORKER	172V00000X	None	None
	PEER SUPPORT SPECIALIST	(12) COMMUNITY WORKER/CASE MANAGER	PSS	PEER SUPPORT SPECIALIST	175T00000X	https://www.capeercertification.org/	None
	LPT (LICENSED PSYCH TECH)	(23) LICENSED PSYCH TECH	NURSING	LPT	106S, 167G, 3747	https://search.dca.ca.gov/	Voc Nursing & Psych Tech
	LVN (LICENSED VOCATIONAL NURSE)	(23) LICENSED PSYCH TECH	NURSING	LPT	164X00000X	https://search.dca.ca.gov/	Voc Nursing & Psych Tech
	MD PTL (RESIDENT POSTGRADUATE TRAINING LICENSE)	(14) CLINICAL/INTERN/STUDENT/RESIDENT	PSYCHIATRY	MD RESIDENT	208D,2084,2080	https://search.dca.ca.gov/	Medical Board
	DO PTL (RESIDENT POSTGRADUATE TRAINING LICENSE)	(14) CLINICAL/INTERN/STUDENT/RESIDENT	PSYCHIATRY	MD RESIDENT	208D,2084,2080	https://search.dca.ca.gov/	Osteopathic Medical
	NP INTERN (NURSE PRACTITIONER INTERN)	(14) CLINICAL/INTERN/STUDENT/RESIDENT	PSYCHIATRY	MD RESIDENT	363L	https://search.dca.ca.gov/	Register Nursing
	MD (PHYSICIAN)	PHYSICIAN	MEDICAL DOCTOR	MDSRNS	208D,2084,2080,207R, 207Q	https://search.dca.ca.gov/	Medical Board
	MD (PSYCHIATRIST/PHYSICIAN RESIDENT)	(8) PSYCHIATRIST	PSYCHIATRY	MDSRNS	208D,2084,2080	https://search.dca.ca.gov/	Medical Board
	MD (PSYCHIATRIST/PHYSICIAN)	(8) PSYCHIATRIST	PSYCHIATRY	MDSRNS	208D,2084,2080	https://search.dca.ca.gov/	Medical Board
	NP (NURSE PRACTITIONER)	(6) NURSE PRACTITIONER	NURSING PSYCH	MDSRNS	363L	https://search.dca.ca.gov/	Register Nursing
	NPF (NURSE PRACTITIONER FURNISHER)	(6) NURSE PRACTITIONER	PSYCHIATRY	MDSRNS	363L	https://search.dca.ca.gov/	Register Nursing
	DO (OSTEOPATHIC PHYSICIAN)	(8) PSYCHIATRIST	PSYCHIATRY	MDSRNS	208D,2084,2080	https://search.dca.ca.gov/	Osteopathic Medical
	PA (PHYSICIAN'S ASSISTANT)	(8) PSYCHIATRIST	PSYCHIATRY	MDSRNS	363A	https://search.dca.ca.gov/	Physician Assistant
	RN,MS(REGISTERED NURSE MS PSY)	(5) NURSE – RN,MS (PSYCHIATRY)	NURSING PSYCH	RNSMHMASTERS	163W	https://search.dca.ca.gov/	Register Nursing

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	CNS - CLINICAL NURSE SPECIALIST	(7) CLINICAL NURSE SPECIALIST	NURSING PSYCH	RNSMHMASTERS	364S	https://search.dca.ca.gov/	Register Nursing
	RN (REGISTERED NURSE)	(4) NURSE – RN	NURSING	RNSNOMHMASTERS	163W	https://search.dca.ca.gov/	Register Nursing