



BHRS MH Contractor Avatar Only Credentialing Form
APPLICANT & AGENCY INFORMATION

Email to BHRS-IT-Support@smcgov.org

Information must be completed by applicant agency

THIS FORM IS FOR AVATAR ACCESS AND UPDATING STATUS

(Please include copy of NPI with application)

Form box containing checkboxes for New User-Full Avatar, Clinical role; New User- Avatar PM- for administrative functions; and Avatar Look-up Only.

Form box containing checkboxes for UPDATE to current direct service provider or Avatar User, Name Change, License Change, Location Change, Position Change, Role Change, and Effective Date.

1. NAME and related information (If licensed, registered or waived, exactly as it appears on license or registration.)

Last First Middle

Position Applicant's Discipline

Gender M F Work Phone

Administrative Clinical (Licensed/Registered) Clinical (Student/Trainee) (all documents need co-sign)

Counselor (Person who is Non-Licensed/Non-Registered with less than 2 years experience; all their MH documentation, including Treatment Plan and Assessment, needs a co-signature for 2 years. Co-signature not required for AOD Counselor)

Applicant Requires Co-Signature No Yes If, yes, Co-Signer's Name

Updates:

New Name: Last First eff. date:

Loc. Change: From: to eff. date:

Position Change: From: to eff. date:

License Change: From: to eff. date:

Contracted Provider Lead Agency (e.g., Caminar, Telecare, Star Vista)

Program Name/Worksite Program Director/Supervisor

2. NPI # (National Provider Identification Information)

10-digit NPI # 10-digit Taxonomy Code

*If ASW, must ALSO have a COUNSELOR taxonomy Code 101YM0800X (Primary)

If Applicable

MediCare PTAN Information: Effective Date:

3. REQUIRED for ALL USERS: Contracted Provider Must Confirm Credentials for Licensed, Registered, Waivered Applicants.

Name _____

CLINICAL PROGRAM STAFF				
✓	PRACTITIONER CATEGORY – ALL AVATAR USERS(PRINTS ON DOCUMENTS) MIS <i>Choose only one</i>	PRACTITIONER CATEGORIES FOR COVERAGE (BILLING) MIS	DISCIPLINE (SCOPE/PROGRES NOTES) MIS	PROFESSIONAL USER ROLES (CONTROLS CLINICAL DOC not PN) For AVATAR user
	ACSW =ACSW (ASSOCIATE CLINICAL SOCIAL WKR)	(2) SOCIAL WORKER – ASW	SOCIAL WORK	CLINICIAN
	ADMINISTRATOR	N/A	OTHER	ADMIN
	CNS = CNS (CLINICAL NURSE SPECIALIST)	(7) CLINICAL NURSE SPECIALIST	NURSING	RNSNOMHMASTERS
	COUNSELOR = COUNSELOR	(13) MENTAL HEALTH COUNSELOR	OTHER	COMMUNITYWORKER
	COUNSELOR = COUNSELOR	(13) MENTAL HEALTH COUNSELOR	VRS COUNSELOR	COMMUNITYWORKER
	CW = CW (COMMUNITY WORKER)	(12) COMMUNITY WORKER/CASE MANAGER	OTHER	COMMUNITYWORKER
	EDD = EDD (LICENSED CLINICAL PSYCHOLOGIST)	(13) MENTAL HEALTH COUNSELOR	OTHER	COMMUNITYWORKER
	FP=FAMILY PARTNER	(12) COMMUNITY WORKER/CASE MANAGER	OTHER	COMMUNITYWORKER
	IMF = MFTI (MARRIAGE AND FAMILY INTERN)	(3) MARRIAGE+FAMILY THERAPIST (IMF)	FAMILY THERAPIST	CLINICIAN
	INTERN = INTERN	(14) INTERN STUDENT	THERAPY INTERN	MATRAINEE
	LCSW = LCSW (LICENSED CLINICAL SOCIAL WORKER)	(1) LICENSED CLINICAL SOCIAL WORKER (LCSW)	SOCIAL WORK	CLINICIAN
	LED = LED (LICENSED EDUC.. PSYCHOLOGIST)	(13) MENTAL HEALTH COUNSELOR	OTHER	COMMUNITYWORKER
	LPT = LPT (LICENSED PSYCHIATRIC TECHNICIAN)	(23) LICENSED PSYCH TECH	NURSING	LPT
	LVN= LICENSED VOCATIONAL NURSE	(23) LICENSED PSYCH TECH	NURSING	LPT
	MD = MD	(8) PSYCHIATRIST	PSYCHIATRY	MDSRNS
	MD = MD (PSYCHIATRIST)	(8) PSYCHIATRIST	PSYCHIATRY	MDSRNS
	MD= MD INTERN PGY1	(14) INTERN STUDENT	PSYCHIATRY	MD RESIDENT
	MD= MD RESIDENT PGY2	(14) INTERN STUDENT	PSYCHIATRY	MD RESIDENT
	MFT = MFT (MARRIAGE FAMILY THERAPIST)	(3) MARRIAGE+FAMILY THERAPIST (MFT)	FAMILY THERAPIST	CLINICIAN
	MHC = MHC (MENTAL HEALTH COUNSELOR)	(13) MENTAL HEALTH COUNSELOR	OTHER	COMMUNITYWORKER
	MSW = MSW (MASTERS IN SOCIAL WORK)	(13) MENTAL HEALTH COUNSELOR	OTHER	COMMUNITWORKER
	NP = NP (NURSE PRACTITIONER)	(6) NURSE PRACTITIONER	PSYCHIATRY	MDSRNS
	NPF= NP FURNISHER (N PRACTINR FURNISHER)	(6) NURSE PRACTITIONER	PSYCHIATRY	MDSRNS
	NP INTERN= NURSE PRACTITIONER INTERN	(14) INTERN STUDENT	PSYCHIATRY	MD RESIDENT
	OT = OT (OCCUPATIONAL THERAPIST)	(10) OCCUPATIONAL THERAPIST	OCCUP THER	COMMUNITY WORKER
	PA = PA (PHYSICIAN'S ASSISTANT)	(8) PSYCHIATRIST	PSYCHIATRY	MDSRNS
	PCI= PCI (PROF CLINICAL COUNSELOR INTERN)	(3) MARRIAGE+FAMILY THERAPIST (MFT)	FAMILY THERAPIST	CLINICIAN
	LPCC= LPCC (LIC"D PROF CLINICAL COUNSELOR)	(3) MARRIAGE+FAMILY THERAPIST (MFT)	FAMILY THERAPIST	CLINICIAN
	PSY=PSY (LICENSED CLINICAL PSYCHOLOGIST)	(9) PSYCHOLOGIST	PSYCHOLOGY	CLINICIAN
	PHD = PHD (LICENSED CLINICAL PSYCHOLOGIST)	(9) PSYCHOLOGIST	PSYCHOLOGY	CLINICIAN
	PSB = PSB (PSYCHOLOGY ASSISTANT)	(9) PSYCHOLOGIST	PSYCHOLOGY	MATRAINEE
	PSYD = PSYD (LIC. CLINICAL PSYCHOLOGIST)	(9) PSYCHOLOGIST	PSYCHOLOGY	CLINICIAN
	WPSY=WPSY (WAIVERED CLINICAL PSYCHOLOGIST)	(9) PSYCHOLOGIST	PSYCHOLOGY	CLINICIAN
	RN = RN (REGISTERED NURSE)	(4) NURSE – RN	NURSING	RNSNOMHMASTERS
	RN,MS=RN,MS (REGISTERED NURSE, MS PSY)	(5) NURSE – RN,MS(PSYCHIATRY)	NURSING PSYCH	RNSMMASTERS
ADDITIONAL USER ROLES (Non-Direct Service Staff) May be in Addition to User Role Above				
<input type="checkbox"/>	CLINICAL MANAGER	<input type="checkbox"/>	NON-BHRS LOOK UP	
<input type="checkbox"/>	CONTRACTOR ADMIN	<input type="checkbox"/>	UNIT CHIEF/SUPERVISOR	
<input type="checkbox"/>	CONTRACTOR CLINICIAN			
<input type="checkbox"/>	CONTRACTOR MANAGER			

Name _____

1. DEMOGRAPHICS – Optional

AVATAR location is Mandatory:

Language & Race/Ethnicity Data - ✓ all that apply.

Language	Read	Write	Speak	Ethnicity/Race		AVATAR Location User Roles	
American Sign Language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	African-American	<input type="checkbox"/>	AARS (no location role)	<input type="checkbox"/>
Korean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Amerasian	<input type="checkbox"/>	Caminar (caminar)	<input type="checkbox"/>
Tagalog	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	American Native	<input type="checkbox"/>	Children's Health Council (no location role)	<input type="checkbox"/>
Other Non-English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Asian Indian	<input type="checkbox"/>	Cordilleras (cordilleras)	<input type="checkbox"/>
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cambodian	<input type="checkbox"/>	Daly City Youth (no location role)	<input type="checkbox"/>
Spanish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Filipino	<input type="checkbox"/>	Edgewood (edgewood)	<input type="checkbox"/>
Other Sign Language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Guamanian	<input type="checkbox"/>	Fred Finch (no location role)	<input type="checkbox"/>
Cambodian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hawaiian Native	<input type="checkbox"/>	Front Street (no location role)	<input type="checkbox"/>
Armenian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Japanese	<input type="checkbox"/>	Mateo Lodge (mateolodge)	<input type="checkbox"/>
Llacano	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Korean	<input type="checkbox"/>	Mental Health Association (mha)	<input type="checkbox"/>
Miehn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Laotian	<input type="checkbox"/>	Prep/Beam (no location role)	<input type="checkbox"/>
Hmong	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Latino	<input type="checkbox"/>	Psynergy (no location role)	<input type="checkbox"/>
Lao	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	Rebekah Children's Services (no location role)	<input type="checkbox"/>
Turkish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other Asian/Pacific Islander	<input type="checkbox"/>	StarVista (svgirls)	<input type="checkbox"/>
Hebrew	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Samoan	<input type="checkbox"/>	StarVista Women's Enrichment Center (wec)	<input type="checkbox"/>
French	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vietnamese	<input type="checkbox"/>	Telecare (telecare transitions)	<input type="checkbox"/>
Polish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	White	<input type="checkbox"/>	Youth Service Bureau (no location role)	<input type="checkbox"/>
Russian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unknown	<input type="checkbox"/>		<input type="checkbox"/>
Portuguese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
Italian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
Arabic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
Samoan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
Thai	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>

2. The BHRs Avatar team sets up new, and disables former Avatar and Infoscriber accounts.

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

MEDICAL STAFF ONLY – For Licensed MEDICAL User Only – Infoscriber

License Category MD NP RN Nursing Other Pharmacist Guest

Year of 1st Licensure _____

CA Lic # _____ NPI # _____

DEA # _____ %Time work in SMC _____ Est # clients each wk _____

Remember to complete this form and fax or email to BHRs whenever:

- Your agency hires a new person who will use the Avatar electronic medical record system.
- A staff member who uses Avatar leaves your agency.
- A registered clinical staff member achieves licensure.

Your agency is responsible for assuring that clinical staff members renew their license or registration. If you have questions about the information requested on this form email HS_BHRs_IT_Support@smcgov.org

The information provided is correct and current on the date of my signature.

Print Name of Program Director/Supervisor

Agency

Signature of Program Director/Supervisor

Date