Provider/Staff: _____ Supervisor Completing Form: _____ Date of Request: _____

SAN MATEO COUNTY HEALTH
BEHAVIORAL HEALTH & RECOVERY SERVICES

AOD Credentialing Form
Updated August 2023

BHRS AOD Approved By/Date: _____

Email completed form to:
☐ HS_BHRS_AODAvatar@smcgov.org

INCLUDE OFFICIAL PRINTOUT OF THE FOLLOWING:
☐ License/Registration/Certification
☐ 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

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

Program/Work Site Information:

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

	AARS **(zaodAARS)**		Latino Commission **(zaodTLC)**		Service League **(zaodSL)**
	BAART **(zaodBAART)**		Our Common Ground **(zaodOCG)**		Sitike **(zaodSIT)**
	Correctional Health (CHS)		Palm Detox **(zaodPALM)**		StarVista **(zaodSV)**
	El Centro **(zaodEC)**		Project-90 **(zaodP90)**		WRA **(zaodWRA)**
	Free At Last **(zaodFAL)**		Pyramid **(zaodPYR)**		
	Healthright 360 **(zaodHR360)**				*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 AVATAR Prescribers Only Must be Approved by BHRS Management

If the user is a Prescriber, you **must** notify Barbara Liang, BHRS 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: _____

Provider/Staff: _____   Supervisor Completing Form: _____   Date of Request: _____

Direct Service Staff Information

Demographic Information

Gender
☐ M
☐ F
☐ Transgender (MtoF)
☐ Transgender (FtoM)
☐ Queer
☐ Another Gender
☐ Undisclosed

Language (FLUENT - Provides Services)
☐ American Sign Language
☐ Chinese
☐ Spanish
☐ Tagalog
☐ Tongan
☐ Other Language(s)_____
_____

Ethnicity/Race
☐ White/Caucasian
☐ Hispanic or Latino
☐ Black-African-American
☐ Asian-Indian
☐ Chinese
☐ Filipino
☐ Japanese
☐ Korean

☐ Pacific Islander
☐ Vietnamese
☐ Other Asian
☐ American Native
☐ Unknown
☐ Multiple
☐ Other Race(s)_____

Details of Service to be Provided

# of Hours per week serving SM Medi-Cal Clients:	Telehealth ☐ Yes ☐ No	Field-Based ☐ Yes ☐ No	If Field-Based: Distance (Range) Travels to Provide Field-Based Services:

Areas of Expertise

Cultural Competence Training (within last year: standard 8 hours yearly):   ☐ Yes   ☐ No
☐ **O – Only Sees Children/Youth** ☐ **B – Sees both Children/Youth and Adults** ☐ **N – Does not see Children/Youth**

Direct Service Staff Credentials / Position

General Providers (Other)   User Role: AODCOUNSELOR

☐ AOD COUNSELOR

Peer Support Specialist   User Role: AODPSS

☐ Peer Support Specialist

Clinician   User Role: AODClinician

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

Clinicians (STUDENT Clinician)   ☐ Clinician Student Intern   **User Role: AODMATRAINEE**

Medical Nursing Providers   **User Roles**

Psychiatry ☐ MD - Psychiatrist ☐ DO - Psychiatrist ☐ MD ☐ NP ☐ NPF	**AODMEDICAL**
Nurse ☐ RN	
LPT ☐ LPT ☐ LVN	

National Provider Identifier (NPI) – All Providers

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

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

AOD Certification/Registration #: _____   Issuance Date: _____   Expiration Date: _____

Prescriber License / Certification Information – Prescribers Only

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

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

PRACTITIONER CATEGORY (PRINTS ON DOCUMENTS)	PRACTITIONER CATEGORIES FOR COVERAGE (BILLING) MIS	DISCIPLINE (SCOPE/PROGRESS NOTES) MIS	PROFESSIONAL USER ROLES CONTROLS CLINICAL DOC not PN)	TAXONOMY CODE	Verify License	Board
PEER SUPPORT SPECIALIST	AOD Counselor	AOD Counselor	AODPSS	175T00000X	https://www.capeercertification.org/	None
AOD Counselor	AOD Counselor	AOD Counselor	AODCounselor	101YA0400X	None	None
ACCBC, Certified - AOD Counselor	AOD Counselor	AOD Counselor	AODCounselor	101YA0400X	https://www.accbc.org/	ACCBC
ACCBC, Registered - AOD Counselor	AOD Counselor	AOD Counselor	AODCounselor	101YA0400X	https://www.accbc.org/	ACCBC
CADTP, Certified - AOD Counselor	AOD Counselor	AOD Counselor	AODCounselor	101YA0400X	https://cadtpcounselors.org/verify-credentials/	CADTP
CADTP, Registered - AOD Counselor	AOD Counselor	AOD Counselor	AODCounselor	101YA0400X	https://cadtpcounselors.org/verify-credentials/	CADTP
CCAPP, Certified - AOD Counselor	AOD Counselor	AOD Counselor	AODCounselor	101YA0400X	https://ccappcredentialing.org/index.php/verify-credential	CCAPP
CCAPP, Registered - AOD Counselor	AOD Counselor	AOD Counselor	AODCounselor	101YA0400X	https://ccappcredentialing.org/index.php/verify-credential	CCAPP
ACSW = ACSW (ASSOCIATE CLINICAL SOCIAL WORKER)	AOD - SOCIAL WORKER – ASW	AOD Clinician	AODClinician	104100000X	https://search.dca.ca.gov/	Behavioral Sciences
AMFT = ASSOCIATE MARRIAGE FAMILY THERAPIST	AOD -MARRIAGE+FAMILY THERAPIST (IMF)	AOD Clinician	AODClinician	106H00000X	https://search.dca.ca.gov/	Behavioral Sciences
APCC = ASSOCIATE PROFESSIONAL CLINICAL COUNSELOR	AOD - PCI	AOD Clinician	AODClinician	104100000X	https://search.dca.ca.gov/	Behavioral Sciences
INTERN = INTERN	AOD - INTERN STUDENT	AOD MATRAINE	AODMATRAINEE	101YA0400X	None	None
LCSW=LCSW(LICENSEDCLINICAL SOCIALWORKER)	AOD-LICENSEDCLINICAL SOCIAL WORKER(LCSW)	AOD Clinician	AODClinician	1041C0700X	https://search.dca.ca.gov/	Behavioral Sciences
LPCC = Licensed Professional Clinical Counselors	AOD - LPCC	AOD Clinician	AODClinician	101Y	https://search.dca.ca.gov/	Behavioral Sciences
MFT = MFT (MARRIAGE FAMILY THERAPIST)	AOD-MARRIAGE+FAMILY THERAPIST (MFT)	AOD Clinician	AODClinician	106H00000X	https://search.dca.ca.gov/	Behavioral Sciences
PHD = PHD (LICENSED CLINICAL PSYCHOLOGIST)	AOD - PSYCHOLOGIST	AOD Clinician	AODClinician	103T,102L,103G	https://search.dca.ca.gov/	Psychology
PSB = PSB (PSYCHOLOGY	AOD - PSYCHOLOGIST	AOD Clinician	AODClinician	103T,102L,103G	https://search.dca.ca.gov/	Psychology
PSYD = PSYD (LICENSED CLINICAL	AOD - PSYCHOLOGIST	AOD Clinician	AODClinician	103T,102L,103G	https://search.dca.ca.gov/	Psychology
DO= DR OF OSTEOPATHIC MEDICINE	AOD - PSYCHIATRIST	AOD MEDICAL	AODMEDICAL	208D,2084,2080,207R,207Q	https://search.dca.ca.gov/	Osteopathic Medical
MD = MD (PSYCHIATRIST)	AOD - PSYCHIATRIST	AOD MEDICAL	AODMEDICAL	208D,2084,2080,207R,207Q	https://search.dca.ca.gov/	Medical Board
NP = NP (NURSE PRACTITIONER)	AOD - NURSE PRACTITIONER	AOD MEDICAL	AODMEDICAL	363L	https://search.dca.ca.gov/	Register Nursing
RN = RN (REGISTERED NURSE)	AOD - NURSE – RN	AOD MEDICAL	AOD MEDICAL	163W	https://search.dca.ca.gov/	Register Nursing
Additional Roles (May Check 1 or More)						
AOD Analyst	**Use for BHRS AOD Staff**		AODANALYST		None	None
Provider MANAGER / SUPERVISOR	**Use for Provider Staff**		AODMANAGER		None	None
Provider ADMINISTRATIVE	**Use for Provider Staff**		AODADMIN		None	None
Provider FINANCE- LOOK UP	**Use for Provider Staff**		AODFINANCEMGR		None	None
Responsible for Referrals and/or MCE Auth	**Use for Provider and/or AOD Staff**		**aodREF**		None	None