



BHRS AOD Credentialing Form
APPLICANT & AGENCY INFORMATION

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Information Must Be Completed By Applicant Agency

Direct Service Provider- Required:

Is this person a direct service provider?

- No
Yes- New Biller/ Therapist # Needed

UPDATE to current direct service provider or Avatar User

- Name Change License Change
Location Change/Addition
Position Change

Avatar Use - Required:

Will this person use Avatar?

- No
Yes

If Yes, complete this section:

New User- Avatar PM- Administrative functions- admissions, discharging, ASI, contractor treatment plan.

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)
Counselor Responsible for Referrals and/or MCE Auth. (AODREF)

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:

Certified Change: From: to eff. date:

Contracted Provider Lead Agency (e.g., El Centro, Star Vista, Pyramid)

Program Name/Worksite Program Director/Supervisor

2. NPI # (National Provider Identification Information) BHRS Assigned Therapist #
10-digit NPI # 10-digit Taxonomy Code

\*If ASW, must ALSO have a COUNSELOR taxonomy Code

Name \_\_\_\_\_

If Applicable MediCare PIN Information  PIN  U/PIN Effective Date \_\_\_\_\_

**3. REQUIRED for ALL USERS: Contracted Provider Must Confirm Credentials for Licensed, Registered, Waivered Applicants. Choose ONLY the highest level credential for which you are practicing under.**

✓	1. PRACTITIONER CATEGORY – ALL AVATAR USERS(PRINTS ON DOCUMENTS)	2. PRACTITIONER CATEGORIES FOR COVERAGE (BILLING)	3. DISCIPLINE	4. PROFESSIONAL USER ROLES (AVATAR)
	ACADC, Certified - AOD Counselor	AOD Counselor	AOD Counselor	AODCounselor
	ACADC, Registered - AOD Counselor	AOD Counselor	AOD Counselor	AODCounselor
	ACSW = ACSW (ASSOCIATE CLINICAL SOCIAL WORKER)	AOD - SOCIAL WORKER – ASW	AOD Clinician	AODClinician
	AOD Counselor - Not Registered, Not Certified	AOD Counselor	AOD Counselor	AODCounselor
	BIRAS, Certified - AOD Counselor	AOD Counselor	AOD Counselor	AODCounselor
	BIRAS, Registered - AOD Counselor	AOD Counselor	AOD Counselor	AODCounselor
	CAADAC, Certified - AOD Counselor	AOD Counselor	AOD Counselor	AODCounselor
	CAADAC, Registered - AOD Counselor	AOD Counselor	AOD Counselor	AODCounselor
	CAADE, Certified - AOD Counselor	AOD Counselor	AOD Counselor	AODCounselor
	CAADE, Registered - AOD Counselor	AOD Counselor	AOD Counselor	AODCounselor
	CAARR, Certified - AOD Counselor	AOD Counselor	AOD Counselor	AODCounselor
	CAARR, Registered - AOD Counselor	AOD Counselor	AOD Counselor	AODCounselor
	CCBCDC, Certified - AOD Counselor	AOD Counselor	AOD Counselor	AODCounselor
	CCBCDC, Registered - AOD Counselor	AOD Counselor	AOD Counselor	AODCounselor
	CNS = CNS (CLINICAL NURSE SPECIALIST)	AOD - CLINICAL NURSE SPECIALIST	AOD MEDICAL	AODMEDICAL
	CADDTP = Registered - AOD Counselor	AOD Counselor	AOD Counselor	AODCounselor
	CADDTP = Certified - AOD Counselor	AOD Counselor	AOD Counselor	AODCounselor
	LPCC = Licensed Professional Clinical Counselors	AOD - LPCC	AOD Clinician	AODClinician
	PCI = Licensed Professional Clinical Counselor - Intern	AOD - PCI	AOD Clinician	AODClinician
	COUNSELOR = COUNSELOR	AOD Counselor	AOD Counselor	AODCounselor
	CW = CW (COMMUNITY WORKER)	AOD Counselor	AOD Counselor	AODCounselor
	EDD = EDD (LICENSED CLINICAL PSYCHOLOGIST)	AOD Counselor	AOD Counselor	AODCounselor
	IACCINC, Certified - AOD Counselor	AOD Counselor	AOD Counselor	AODCounselor
	IACCINC, Registered - AOD Counselor	AOD Counselor	AOD Counselor	AODCounselor
	IMF = MFTI (MARRIAGE AND FAMILY INTERN	AOD -MARRIAGE+FAMILY THERAPIST (IMF)	AOD Clinician	AODClinician
	INTERN = INTERN	AOD - INTERN STUDENT	AOD MATRAINE	AODMATRAINEE
	LCSW = LCSW (LICENSED CLINICAL SOCIAL WORKER)	AOD - LICENSED CLINICAL SOCIAL WORKER (LCSW)	AOD Clinician	AODClinician
	LED = LED (LICENSED EDUCATIONAL PSYCHOLOGIST)	AOD Counselor	AOD Counselor	AODCounselor
	LPT = LPT (LICENSED PSYCHIATRIC TECHNICIAN)	AOD - LICENSED PSYCH TECH	AOD MEDICAL	AODMEDICAL
	MCH = MHC (MENTAL HEALTH COUNSELOR	AOD Counselor	AOD Counselor	AODCounselor
	MD = MD (PSYCHIATRIST)	AOD - PSYCHIATRIST	AOD MEDICAL	AODMEDICAL
	MFT = MFT (MARRIAGE FAMILY THERAPIST	AOD - MARRIAGE+FAMILY THERAPIST (MFT)	AOD Clinician	AODClinician
	MHC = MHC (MENTAL HEALTH COUNSELOR)	AOD Counselor	AOD Counselor	AODCounselor
	MSW = MSW (MASTERS IN SOCIAL WORK)	AOD Counselor	AOD Counselor	AODCounselor
	NP = NP (NURSE PRACTITIONER)	AOD - NURSE PRACTITIONER	AOD MEDICAL	AODMEDICAL
	OT = OT (OCCUPATIONAL THERAPIST)	AOD - OCCUPATIONAL THERAPIST	AOD Counselor	AODCounselor
	PA = PA (PHYSICIAN'S ASSISTANT)	AOD - PSYCHIATRIST	AOD MEDICAL	AODMEDICAL
	PHD = PHD (LICENSED CLINICAL PSYCHOLOGIST)	AOD - PSYCHOLOGIST	AOD Clinician	AODClinician
	PSB = PSB (PSYCHOLOGY ASSISTANT	AOD - PSYCHOLOGIST	AOD Clinician	AODClinician
	PSYD = PSYD (LICENSED CLINICAL PSYCHOLOGIST)	AOD - PSYCHOLOGIST	AOD Clinician	AODClinician
	RN = RN (REGISTERED NURSE)	AOD - NURSE – RN	AOD MEDICAL	AODMEDICAL
	RN,MS=RN,MS (REGISTERED NURSE, MS PSY)	AOD - NURSE – RN, MS (PSYCHIATRY)	AOD MEDICAL	AODMEDICAL
	<b>Additional Roles (May Check 1 or More)</b>			
	AOD Analyst	<b>Use for BHRS AOD Staff</b>		AODANALYST
	Provider MANAGER / SUPERVISOR	<b>Use for Provider Staff</b>		AODMANAGER
	Provider ADMINISTRATIVE	<b>Use for Provider Staff</b>		AODADMIN
	Provider FINANCE- LOOK UP ONLY	<b>Use for Provider Staff</b>		AODFINANCEMGR
	<b>Responsible for Referrals and/or MCE Auth</b>	<b>Use for Provider and/or AOD Staff</b>		<b>aodREF</b>

Name \_\_\_\_\_

**4. DEMOGRAPHICS – Optional** **AVATAR location is Mandatory:**  
**Language & Race/Ethnicity Data - ✓ all that apply.**

1. Language	Read	Write	Speak	2. Ethnicity/Race	3. AVATAR Location User Roles
American Sign Language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	African-American	AARS (zaodAARS) <input type="checkbox"/>
Korean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Amerasian	BAART (zaodBAART) <input type="checkbox"/>
Taaalog	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	American Native	Choices (zaodCHS) <input type="checkbox"/>
Other Non-English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Asian Indian	El Centro (zaodEC) <input type="checkbox"/>
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cambodian	Free At Last (zaodFAL) <input type="checkbox"/>
Spanish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Filipino	Healthright 360 (zaodHR360) <input type="checkbox"/>
Other Sign Language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Guamanian	Latino Commission (zaodTLC) <input type="checkbox"/>
Cambodian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hawaiian Native	Our Common Ground (zaodOCG) <input type="checkbox"/>
Amenian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Japanese	Occupational Health Service (zaodOHS) <input type="checkbox"/>
Ilacano	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Korean	Palm Detox (zaodPALM) <input type="checkbox"/>
Miehn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Laotian	Project-90 (zaodP90) <input type="checkbox"/>
Hmong	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Latino	Pyramid (zaodPYR) <input type="checkbox"/>
Lao	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other	Service League (zaodSL) <input type="checkbox"/>
Turkish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other Asian/Pacific Islander	Sitike (zaodSIT) <input type="checkbox"/>
Hebrew	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Samoan	StarVista (zaodSV) <input type="checkbox"/>
French	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vietnamese	WRA (zaodWRA) <input type="checkbox"/>
Polish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	White	
Russian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unknown	
Portuagueese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Italian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Arabic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Samoan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Thai	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

**5. All Avatar accounts are managed by the BHRS IT Support team.**

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 registered clinical staff member achieves licensure.

Your agency is responsible for assuring that clinical staff members renew their license or registration and to update this form.

**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