



BHRS AOD Credentialing Form
APPLICANT & AGENCY INFORMATION

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Information Must Be Completed By Applicant Agency

Direct Service Provider- Required: Avatar Use - Required:
Is this person a direct service provider? Will this person use Avatar?
If Yes, complete this section:
UPDATE to current direct service provider or Avatar User
Name Change License Change
Location Change/Addition
Position Change
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 Email _____ Work Phone _____

- [] Administrative [] Clinical (Licensed/Registered) [] Clinical (Student/Trainee) (all documents need co-sign)
[] Counselor (Co-signature not required for AOD Counselor) [] Responsible for Referrals and/or MCE Auth. (AODREF) (Maximum 3 Staff per Agency)
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
	Breining Institute - Certified - AOD Counselor	AOD Counselor	AOD Counselor	AODCounselor
	Breining Institute - Registered - AOD Counselor	AOD Counselor	AOD Counselor	AODCounselor
	The Forensic Addictions Correction Treatment	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
	The Forensic Add Correction TRT- Certified - AOD Counselor	AOD Counselor	AOD Counselor	AODCounselor
	The Forensic Add Correction TRT- Registered - AOD Counselor	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
	Additional Roles (May Check 1 or More)			
	AOD Analyst	Use for BHRS AOD Staff		AODANALYST
	Provider MANAGER / SUPERVISOR	Use for Provider Staff		AODMANAGER
	Provider ADMINISTRATIVE	Use for Provider Staff		AODADMIN
	Provider FINANCE- LOOK UP ONLY	Use for Provider Staff		AODFINANCEMGR
	Responsible for Referrals and/or MCE Auth	Use for Provider and/or AOD Staff		aodREF

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