



SAN MATEO COUNTY HEALTH

BEHAVIORAL HEALTH & RECOVERY SERVICES

BHRS Approval Date:

MH Credentialing Form
Updated January 28, 2026

Emailed completed form to:

HS_BHRS_QM@smcgov.org

INCLUDE OFFICIAL PRINTOUT OF THE FOLLOWING:

- License/Registration/Certification
- NPI DEA BLS 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/>

***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:

Name of Staff Completing this Form:

Date of Request:

**** For Student Clinician: The supervisor is the person signing off on therapy hours. If you are supervising a Student Clinician, you must be credentialed as a clinician**

Clinical Supervisor Name:

Supervisor Avatar#/NPI#:

Program/Work Site Information:

Agency Name:

Program Name:

Location/Address:

Work Zip Code:

<input type="checkbox"/> AARS (no location role)	<input type="checkbox"/> Fred Finch (no location role)	<input type="checkbox"/> Telecare (telecare transitions)
<input type="checkbox"/> Caminar (caminar)	<input type="checkbox"/> Front Street (no location role)	<input type="checkbox"/> Youth Services Bureau (no location role)
<input type="checkbox"/> Children's Health Council (no location)	<input type="checkbox"/> Mateo Lodge (mateolodge)	<input type="checkbox"/>
<input type="checkbox"/> Cordilleras (cordilleras)	<input type="checkbox"/> Mental Health Association (mha)	<input type="checkbox"/> Other (Specify):
<input type="checkbox"/> Daly City (no location role)	<input type="checkbox"/> Prep/Beam (no location role)	
<input type="checkbox"/> Edgewood (edgewood)	<input type="checkbox"/> Psynergy (no location role)	

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:

Staff Completing Form:

Date of Request:

Direct Service Staff Information

Demographic Information

Gender <input type="checkbox"/> F <input type="checkbox"/> M <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"/> American Native <input type="checkbox"/> Asian-Indian <input type="checkbox"/> Black-African-American <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Multiple <input type="checkbox"/> Other Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Vietnamese <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Unknown <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

A – Only Sees Adult O – Only Sees Children/Youth B – Sees both Children/Youth & Adults N – Does not see Children/Youth

Mental Health Area of Expertise: Adult Child TAY Older Adult Substance Use Disorder Veterans

Provider Practice Focus (Please select up to 5 that apply):

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

General Providers (Other) User Role: COMMUNITY WORKER

<input type="checkbox"/> Community Worker	<input type="checkbox"/> Counselor	<input type="checkbox"/> Family Partner	<input type="checkbox"/> Medical Assistant
<input type="checkbox"/> MH Counselor (non-clinical)	<input type="checkbox"/> Mental Health Rehabilitation Specialist	<input type="checkbox"/> OT	<input type="checkbox"/> Peer Support Worker

Peer Support Specialist User Role: PEER SUPPORT SPECIALIST

Peer Support Specialist

Clinician User Role: CLINICIAN

<input type="checkbox"/> ACSW <input type="checkbox"/> AMFT <input type="checkbox"/> APCC	<input type="checkbox"/> LCSW <input type="checkbox"/> LMFT <input type="checkbox"/> LPCC	<input type="checkbox"/> Registered Psychologist <input type="checkbox"/> Registered Psychological Associate <input type="checkbox"/> Psychologist
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Student Clinician User Role: MATRAINEE

Clinician Student Intern Psychologist Clinical Trainee

Medical Nursing Providers User Roles:

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

National Provider Identifier (NPI) – All Providers

NPI #:	Taxonomy Code:
License/Registration/Certification #:	Issuance Date: Expiration Date:

Prescriber License/Certification Information – Prescriber Only

Medicare PTAN Information:	Effective Date:
DEA # (MD/DP/NPF):	MD Board Certified? <input type="checkbox"/> Yes, Board:

Provider/Staff:

Staff 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
<input type="checkbox"/> ADMINISTRATOR - ADDTL USER ROLES May be added	N/A	OTHER	ADMIN	None	None	None
<input type="checkbox"/> ACSW (ASSOCIATE CLINICAL SOCIAL WORKER)	(2) SOCIAL WORKER – ACSW	SOCIAL WORK	CLINICIAN	104100000X	https://search.dca.ca.gov/	Behavioral Sciences
<input type="checkbox"/> AMFT (ASSOCIATE MARRIAGE THERAPIST)	(3) CLINICIAN THERP-AMFT, LMFT, LPCC, APCC	FAMILY THERAPIST	CLINICIAN	106H00000X	https://search.dca.ca.gov/	Behavioral Sciences
<input type="checkbox"/> APCC (ASSOCIATE PROFESSIONAL CLINICAL COUNSELOR)	(3) CLINICIAN THERP-AMFT, LMFT, LPCC, APCC	FAMILY THERAPIST	CLINICIAN	101YP2500X	https://search.dca.ca.gov/	Behavioral Sciences
<input type="checkbox"/> LCSW (LICENSED CLINICAL SOCIAL WORKER)	(1) LICENSED CLINICAL SOCIAL WORKER (LCSW)	SOCIAL WORK	CLINICIAN	1041C0700X	https://search.dca.ca.gov/	Behavioral Sciences
<input type="checkbox"/> LPCC (LICENSED PROF CLINICAL COUNSELOR)	(3) CLINICIAN THERP-AMFT, LMFT, LPCC, APCC	FAMILY THERAPIST	CLINICIAN	101YP2500X	https://search.dca.ca.gov/	Behavioral Sciences
<input type="checkbox"/> MFT (MARRIAGE FAMILY THERAPIST)	(3) CLINICIAN THERP-AMFT, LMFT, LPCC, APCC	FAMILY THERAPIST	CLINICIAN	106H00000X	https://search.dca.ca.gov/	Behavioral Sciences
<input type="checkbox"/> INTRN (INTERN/CLINICAL TRAINEE)	(14) CLINICAL/INTERN/STUDENT/ RESIDENT	THERAPY	MATRAINEE	390200000X	None	None
<input type="checkbox"/> PHD (LICENSED CLINICAL PSYCHOLOGIST)	(9) PSYCHOLOGIST	PSYCHOLOGY	CLINICIAN	103T, 102L, 103G	https://search.dca.ca.gov/	Psychology
<input type="checkbox"/> PSY (LICENSED CLINICAL PSYCHOLOGIST)	(9) PSYCHOLOGIST	PSYCHOLOGY	CLINICIAN	103T, 102L, 103G	https://search.dca.ca.gov/	Psychology
<input type="checkbox"/> PSYD (LICENSED CLINICAL PSYCHOLOGIST)	(9) PSYCHOLOGIST	PSYCHOLOGY	CLINICIAN	103T, 102L, 103G	https://search.dca.ca.gov/	Psychology
<input type="checkbox"/> WPSY (WAIVERED CLINICAL PSYCHOLOGIST)	(9) PSYCHOLOGIST	PSYCHOLOGY	CLINICIAN	103T, 102L, 103G	https://search.dca.ca.gov/ QM Approval	Psychology
<input type="checkbox"/> PSB (REGISTERED PSYCHOLOGICAL ASSOCIATES)	(14) CLINICAL/INTERN/STUDENT/ RESIDENT	PSYCHOLOGY	CLINICIAN	103T, 102L, 103G	https://search.dca.ca.gov/	Psychology
<input type="checkbox"/> PSYCHOLOGIST CLINICAL TRAINEE	(14) CLINICAL/INTERN/STUDENT/ RESIDENT	PSYCHOLOGY	MATRAINEE	390200000X	None	None
<input type="checkbox"/> COUNSELOR	(13) MENTAL HEALTH COUNSELOR	OTHER	COMMUNITY WORKER	373H00000X	None	None
<input type="checkbox"/> CW (COMMUNITY WORKER)	(12) COMMUNITY WORKER/CASE MANAGER	OTHER	COMMUNITY WORKER	373H00000X	None	None
<input type="checkbox"/> DIETICIAN	(15) OTHER NONBILLABLE	OTHER	COMMUNITY WORKER	NOT NEEDED	N/A	None
<input type="checkbox"/> FP (FAMILY PARTNER)	(12) COMMUNITY WORKER/CASE MANAGER	OTHER	COMMUNITY WORKER	373H00000X	None	None
<input type="checkbox"/> MEDICAL ASSISTANT	(12) COMMUNITY WORKER/CASE MANAGER	MEDICAL ASSISTANT	COMMUNITY WORKER	363AM0700X	None	None
<input type="checkbox"/> MENTAL HEALTH COUNSELOR (Non-Clinical)	(13) MENTAL HEALTH COUNSELOR	OTHER	COMMUNITY WORKER	373H00000X	None	None
<input type="checkbox"/> MHRS (MENTAL HEALTH REHABILITATION SPECIALIST)	(13) MENTAL HEALTH COUNSELOR	OTHER	COMMUNITY WORKER	225400000X	None	None
<input type="checkbox"/> OCCUPATIONAL THERAPIST	(10) OCCUPATIONAL THERAPIST	OCCUP THER	COMMUNITY WORKER	225X00000X	https://search.dca.ca.gov/	Occupational Therapist
<input type="checkbox"/> PEER SUPPORT WORKER	(12) COMMUNITY WORKER/CASE MANAGER	OTHER	COMMUNITY WORKER	373H00000X	None	None
<input type="checkbox"/> PEER SUPPORT SPECIALIST	(12) COMMUNITY WORKER/CASE MANAGER	PSS	PEER SUPPORT SPECIALIST	175T00000X	https://www.capeercertification.org/	None
<input type="checkbox"/> LPT (LICENSED PSYCH TECH)	(23) LICENSED PSYCH TECH	NURSING	LPT	106S, 167G, 3747	https://search.dca.ca.gov/	Voc Nursing & Psych Tech
<input type="checkbox"/> LVN (LICENSED VOCATIONAL NURSE)	(23) LICENSED PSYCH TECH	NURSING	LPT	164X00000X	https://search.dca.ca.gov/	Voc Nursing & Psych Tech
<input type="checkbox"/> CNS (CLINICAL NURSE SPECIALIST)	(7) CLINICAL NURSE SPECIALIST	NURSING PSYCH	RNSMHMASTERS	364S	https://search.dca.ca.gov/	Register Nursing
<input type="checkbox"/> RN (REGISTERED NURSE)	(4) NURSE – RN	NURSING	RNSNOMHMASTERS	163W	https://search.dca.ca.gov/	Register Nursing
<input type="checkbox"/> 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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<input type="checkbox"/> DO PTL (RESIDENT POSTGRADUATE TRAINING LICENSE)	(14) CLINICAL/INTERN/STUDENT/ RESIDENT	PSYCHIATRY	MD RESIDENT	208D, 2084, 2080	https://search.dca.ca.gov/	Osteopathic Medical
<input type="checkbox"/> MD PTL (RESIDENT POSTGRADUATE TRAINING LICENSE)	(14) CLINICAL/INTERN/STUDENT/ RESIDENT	PSYCHIATRY	MD RESIDENT	208D, 2084, 2080	https://search.dca.ca.gov/	Medical Board
<input type="checkbox"/> NP INTERN (NURSE PRACTITIONER INTERN)	(14) CLINICAL/INTERN/STUDENT/ RESIDENT	PSYCHIATRY	MD RESIDENT	363L	https://search.dca.ca.gov/	Register Nursing
<input type="checkbox"/> DO (OSTEOPATHIC PHYSICIAN)	(8) PSYCHIATRIST	PSYCHIATRY	MDSRNS	208D, 2084, 2080	https://search.dca.ca.gov/	Osteopathic Medical
<input type="checkbox"/> MD (PHYSICIAN)	PHYSICIAN	MEDICAL DOCTOR	MDSRNS	208D, 2084, 2080, 207R, 207Q	https://search.dca.ca.gov/	Medical Board
<input type="checkbox"/> MD (PSYCHIATRIST/ PHYSICIAN RESIDENT)	(8) PSYCHIATRIST	PSYCHIATRY	MDSRNS	208D, 2084, 2080	https://search.dca.ca.gov/	Medical Board
<input type="checkbox"/> MD (PSYCHIATRIST/ PHYSICIAN)	(8) PSYCHIATRIST	PSYCHIATRY	MDSRNS	208D, 2084, 2080	https://search.dca.ca.gov/	Medical Board
<input type="checkbox"/> NP (NURSE PRACTITIONER)	(6) NURSE PRACTITIONER	NURSING PSYCH	MDSRNS	363L	https://search.dca.ca.gov/	Register Nursing
<input type="checkbox"/> NPF (NURSE PRACTITIONER FURNISHER)	(6) NURSE PRACTITIONER	PSYCHIATRY	MDSRNS	363L	https://search.dca.ca.gov/	Register Nursing
<input type="checkbox"/> PA (PHYSICIAN'S ASSISTANT)	(8) PSYCHIATRIST	PSYCHIATRY	MDSRNS	363A	https://search.dca.ca.gov/	Physician Assistant