



BHRS MH Contractor Avatar Only Credentialing Form
APPLICANT & AGENCY INFORMATION

Email to HS\_BHRS\_MISCredentialing@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- use look up only user form.

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.

USER INFORMATION (If licensed, registered or waived, exactly as it appears on license/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 (Non-Licensed/Non-Registered with less than 2 years experience; all their MH documentation, Treatment Plan and Assessment always need co signature, progress notes needs a co-signature for 2 years. Not required for AOD

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

Table with 2 columns and 4 rows: Contracted Provider Agency Name, Program Name/Worksite, Program Director/Supervisor Name, Program Director/Supervisor Name Email (print)

License/Registration Number:

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:

FOR UPDATES ONLY

Name Change: First Name: Last Name: eff. date:

Loc. Change: From: to eff. date:

Position Change: From: to eff. date:

License Change: From: to eff. date:

CLINICAL PROGRAM STAFF			
PRACTITIONER CATEGORY – ALL AVATAR USERS(PRINTS ON DOCUMENTS) MIS <b>Choose only one</b>	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
AMFT = ASSOCIATE MARRIAGE FAMILY THERAPIST	(3) MARRIAGE+FAMILY THERAPIST (AMFT)	FAMILY THERAPIST	CLINICIAN
APCC = ASSOCIATE PROFESSIONAL CLINICAL COUNSELOR	(3) MARRIAGE+FAMILY THERAPIST (MFT)	FAMILY THERAPIST	CLINICIAN
CNS = CNS (CLINICAL NURSE SPECIALIST)	(7) CLINICAL NURSE SPECIALIST	NURSING	RNSNOMHMASTERS
COUNSELOR = COUNSELOR	(13) MENTAL HEALTH COUNSELOR	VRS COUNSELOR	COMMUNITYWORKER
CW = CW (COMMUNITY WORKER)	(12) COMMUNITY WORKER/CASE MANAGER	OTHER	COMMUNITYWORKER
DO= DR OF OSTEOPATHIC MEDICINE	(8) PSYCHIATRIST	PSYCHIATRY	MDSRNS
EDD = EDD (LICENSED CLINICAL PSYCHOLOGIST)	(13) MENTAL HEALTH COUNSELOR	OTHER	COMMUNITYWORKER
FP=FAMILY PARTNER	(12) COMMUNITY WORKER/CASE MANAGER	OTHER	COMMUNITYWORKER
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
MHRS = MENTAL HEALTH REHABILITATION SPECIALIST	(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
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	RNSMHMASTERS

ADDITIONAL USER ROLES (Non-Direct Service Staff) May be in Addition to User Role Above

CLINICAL MANAGER	UNIT CHIEF/SUPERVISOR	NON-BHRS LOOK UP
CONTRACTOR ADMIN	CONTRACTOR CLINICIAN	

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

**DEMOGRAPHICS**

**AVATAR location**

Language	Proficiency: Certified, Fluent, Good.	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)
Korean		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Amerasian	<input type="checkbox"/> Caminar (caminar)
Tagalog		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	American Native	<input type="checkbox"/> Children's Health Council(no location)
Other Non-English		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Asian Indian	<input type="checkbox"/> Cordilleras (cordilleras)
English		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cambodian	<input type="checkbox"/> Daly City Youth (no location role)
Spanish		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Filipino	<input type="checkbox"/> Edgewood (edgewood)
Other Sign Language		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Guamanian	<input type="checkbox"/> Fred Finch (no location role)
Cambodian		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hawaiian Native	<input type="checkbox"/> Front Street ( no location role)
Armenian		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Japanese	<input type="checkbox"/> Mateo Lodge (mateolodge)
Llacano		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Korean	<input type="checkbox"/> Mental Health Association (mha)
Miehn		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Laotian	<input type="checkbox"/> Prep/Beam (no location role)
Hmong		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Latino	<input type="checkbox"/> Psynergy (no location role)
Lao		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/> Rebekah Children's Services (no location)
Turkish		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Asian/Pacific Islander	<input type="checkbox"/> StarVista (svgirls)
Hebrew		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Samoan	<input type="checkbox"/> StarVista Women's Enrichment Center
French		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vietnamese	<input type="checkbox"/> Telecare (telecare transitions)
Polish		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	White	<input type="checkbox"/> Youth Service Bureau (no location role)
Russian		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unknown	<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"/>
Other Language		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

**MEDICAL STAFF ONLY – For Licensed MEDICAL User Only – OrderConnect**

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

License Category  MD  NP  RN  Nursing Other  Pharmacist  Guest

Year of 1<sup>st</sup> 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