



Attachment AA

Sacramento County  
Department of Health Services  
Division of Behavioral Health Services  
**QUALITY MANAGEMENT  
STAFF REGISTRATION APPLICATION**

Avatar Staff ID Number (if known): \_\_\_\_\_ New: \_\_\_\_\_ Update: \_\_\_\_\_

**Agency**

Agency Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Contact Email: \_\_\_\_\_  
Program Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Street City Zip Code

**Applicant**

Applicant Name: \_\_\_\_\_ Last First M.I. DOB: \_\_\_\_\_ (required)  
Previous Name/AKA: \_\_\_\_\_ Last First M.I. SSN: \_\_\_\_\_ (required)  
Secondary Language: \_\_\_\_\_ Gender: \_\_\_\_\_ (required)  
Additional language  
Date of Employment: \_\_\_\_\_ Employment Status: \_\_\_\_\_  
Start Date in Classification: \_\_\_\_\_ Full Time Part Time Contracted Temporary/On-Call Volunteer  
MHTC/UC Davis Residency Begins: \_\_\_\_\_ Ends: \_\_\_\_\_

**Drug & Alcohol Professional Classification** (choose one and attach license/certification)

Psychiatrist	Licensed Clinical Social Worker (LCSW)	Licensed Psychiatric Technician (PT)
Psychiatric Resident, licensed	Licensed Marriage & Family Therapist (LMFT)	ADS Counselor I
Psychiatric Resident, unlicensed	Licensed Professional Clinical Counselor I (LPCC I)	ADS Counselor II
Medical Physician	Licensed Professional Clinical Counselor II (LPCC II)	Graduate Student (UC Davis Only)
Licensed Clinical Psychologist (PSY)	PHD, Unlicensed, Waived	Peer Staff
Nurse Practitioner (NP)	Master's Level Unlicensed, Waived (ASW, AMFT, APCC)	
Physician Assistant (PA)	Medical Student Clinical Clerkship	
Pharmacist	Doctoral Level Student - Psychology (Except UC Davis)	
Registered Nurse (RN)	Master's Level Student	DEA # and Exp. Date: _____
	Licensed Vocational Nurse (LVN)	

Registration/License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ NPI Number: \_\_\_\_\_  
Registration/Certification #: \_\_\_\_\_ Certification Organization Name: \_\_\_\_\_

**Always Require Co-Signature**

**Dual ADS/Mental Health Role Classification**

Yes: \_\_\_\_\_ No: \_\_\_\_\_ (INTERNAL USE ONLY)

**Staff Termination**

Date of Termination: \_\_\_\_\_

**Send completed form to:**

Email: DHSQMStaffReg@sacounty.net -or- Fax: (916) 875-0877

Notify Quality Management of any staffing changes.

7001-A East Parkway, Suite 500 • Sacramento, California 95823 • phone (916) 875-0844 • fax (916) 875-0877

Revised 05/05/2020