



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

Attachment AA

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: _____ Additional language _____ Gender: _____ (required)
 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

<p><u>Dual ADS/Mental Health Role Classification</u></p> <p>Yes: _____ No: _____ (INTERNAL USE ONLY)</p>	<p style="text-align: center;"><u>Staff Termination</u></p> <p>Date of Termination: _____</p>
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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