



Sacramento County
Department of Health Services
Division of Behavioral Health Services

Attachment A

**QUALITY MANAGEMENT
STAFF REGISTRATION APPLICATION**

Avatar Staff ID Number (if known): _____ New: _____ Update: _____

<u>Agency</u>			
Agency Name: _____	Phone Number: _____	Date: _____	
Contact Person: _____	Contact Email: _____		
Program Name: _____	Address: _____		
	Street	City	Zip Code

<u>Applicant</u>			
Applicant Name: _____		DOB: _____	
Last	First	M.I.	(required)
Previous Name/AKA: _____		SSN: _____	
Last	First	M.I.	(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: _____		

<u>Mental Health Professional Classification</u> (choose one and attach license/certification)		
Psychiatrist	Licensed Clinical Social Worker (LCSW)	Licensed Psychiatric Technician (PT)
Psychiatric Resident, licensed	Licensed Marriage & Family Therapist (LMFT)	Mental Health Rehabilitation Specialist (MHRS)
Psychiatric Resident, unlicensed	Licensed Professional Clinical Counselor I (LPCC I)	Mental Health Assistant I (MHA I)
Medical Physician	Licensed Professional Clinical Counselor II (LPCC II)	Mental Health Assistant II (MHA II)
Licensed Clinical Psychologist (PSY)	PHD, Unlicensed, Waived	Mental Health Assistant III (MHA III)
Nurse Practitioner (NP)	Master's Level Unlicensed, Waived (ASW, AMFT, APCC)	MHW-MHTC
Physician Assistant (PA)	Medical Student Clinical Clerkship	Graduate Student (UC Davis Only)
Pharmacist	Doctoral Level Student - Psychology (Except UC Davis)	Peer Staff
Registered Nurse (RN)	Master's Level Student	
	Licensed Vocational Nurse (LVN)	
		DEA # and Exp. Date: _____
Registration/License #: _____	Expiration Date: _____	NPI Number: _____
Registration/Certification #: _____	Certification Organization Name: _____	

Always Require Co-Signature

<u>Dual ADS/Mental Health Role Classification</u>	<u>Staff Termination</u>
Yes: _____ No: _____	Date of Termination: _____
(INTERNAL USE ONLY)	

Send completed form to:

Email: DHSQMStaffReg@saccounty.net -or- Fax: (916) 875-0877
Notify Quality Management of any staffing changes or staff terminations.

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