



Sacramento County Department of Health Services
Division of Behavioral Health
QUALITY MANAGEMENT
STAFF REGISTRATION/CREDENTIALING CHECKLIST

I. All Provider Staff: Please include the following with the completed registration packet

Registration/Credentialing Form – Provide your full legal name. Do not use nicknames, initials, or abbreviations. All applicable sections of the form must be complete. Also, if you answer “yes” to any of the attestation questions A-M, provide full details on a separate sheet of paper.

SSN Consent Form – Provide your full legal name. Do not use nicknames, initials, or abbreviations.
Attachment C

Copy of NPI registration with valid taxonomy. (Note: Taxonomy code must be designated as primary.)
(Click the attached link to create/update NPI - [NPPES \(hhs.gov\)](http://NPPES(hhs.gov)))

274 Provider Information – Both MHP and SUPT

EHR Account/Training Registration Form – For New Staff or New Permission requests

See Attachment K for valid Taxonomy Codes

II. If you are a MD, Psychiatrist, LP, DO, NP, or PA please submit the following:

All the documents listed in Section I
Registration

Copy of current Unrestricted DEA

Copy of current Professional License

Licensed Staff Application (Attachment D)

Proof of ORP enrollment (approval letter or screenshot from your PAVE account showing the “approved” status of your application. If you are still waiting for approval, please submit a screenshot from your account showing that you have submitted your application.

All MDs, DOs, PA, and NPs are required to provide proof of enrollment in Medi-Cal Rx partnered with Magellan to administer Medi-Cal Pharmacy benefits. Non-prescribers are exempt from this requirement.

III. If you are a RN, LVN, CNS, Pharmacist, PT, and OT please submit the following:

All the documents listed in Section I

Licensed Staff Application (Attachment D)

Copy of current Professional License/Certification

IV. If you are a LMFT, LCSW, LPCC, or Licensed Psychologist, please submit the following:

All the documents listed in Section I Licensed Staff Application (Attachment D)

Copy of current Professional License and BBS Printout

Proof of ORP enrollment (approval letter or screenshot from your PAVE account showing the “approved” status of your application. This applies to licensed clinicians who bill Medi-Cal for services rendered.

V. If you are a Psychiatric Resident or Fellow:

All the documents listed in Section I

Resume

Copy of Postgraduate Training License (PTL), Physician and Surgeon License, or Doctor of Osteopathy License

Resident or Fellow Application (Attachment E)

VI. If you are an AMFT, ASW, APCC, Waivered Psychologist, or Out-of-State licensed applicant please submit the following:

All the documents listed in Section I

Copy of current Registration and BBS Printout

LPHA License Waiver Request (Attachment F) & Supervisor Responsibility Agreement
ASW – [BBS Supervisor Agreement \(ASW\)](#)
AMFT – [BBS Supervisor Agreement \(AMFT\)](#)
APCC – [BBS Supervisor Agreement \(APCC\)](#)

*Mental Health Professional Licensing Waiver Request (Attachment G)

*Copy of Doctoral Degree or certified copy of the individual’s most current doctoral program transcript. The transcript must include the individual’s full name, name of the institution, and demonstrate that the individual has completed the doctoral program, or the minimum number of units. (See QM-PP-03-07)

OR

*Evidence of the out-of-state license and evidence from the California licensing board that the individual has been accepted to sit for the applicable licensing exam.

*Resume

*Copy of current, valid registration issued by the Board of Psychology, if applicable.
*(For Waivered Psychologist or Out-of-State Applicants Only)

VII. If you are a MHRS, please submit the following:

All the documents listed in Section I

Resume

Copy of degree or official transcript demonstrating that you have completed your coursework.

Mental Health Rehabilitation Specialist Application (Attachment I)

VIII. If you are a Medical Student Clinical Clerkship (Physician Clinical Trainee), Psychological Clinical Trainee, Master Level Clinical Trainee, Nurse Practitioner/Clinical Nurse Specialty Trainee, Occupational Therapist Trainee, Clinical Pharmacist Trainee, Physician Assistant Registered Associate Trainee, Psychiatric Technician Trainee, Registered Nurse Trainee, or Licensed Vocational Trainee please submit the following:

All the documents listed in Section I

Trainee Application (Attachment H)

IX. If you are a Medical Assistant, please submit the following:

All the documents listed in Section I

Proof of training required in CCR Title 16 Sections 1366, 1366.1, or 1366.2 (Provide ONE of the following):

- Certification in writing from the supervising physician of the place and date the training was administered, the content and duration of the training, and that the medical assistant was observed by the certifying physician to demonstrate competence in the performance of each task or service. This certification must be signed by the supervising physician.

OR

- Degree or certificate from a secondary or adult education program in a community college, or an accredited postsecondary institution.

X. If you are an Other Qualified Provider, please submit the following:

All the documents listed in Section I

Proof of highest level of education (Provide ONE of the following):

- High School Diploma, GED, degree, or official transcript

OR

- School verification letter that course work was completed

XI. If you are a Certified Peer Specialist, please submit the following:

All the documents listed in Section I

Proof of highest level of education (Provide ONE of the following):

- High School Diploma, GED, degree, or official transcript OR
- School verification letter that course work was completed

Peer Specialist Certification

XII. If you are an Alcohol and Other Drug Counselor, please submit the following:

All the documents listed in Section I

Copy of Certification or Registration from DHCS Designated Organization (i.e., CAADE, CADTP, CCAPP)

AOD Counselor Application (Attachment J)