

Sacramento County
Department of Health Services
Division of Behavioral Health Services
LICENSED STAFF APPLICATION

Agency _____ Date _____

Contact Person _____ Phone _____

Contact Person's Email _____

I attest that I, _____, am licensed to provide behavioral health care services in the State of California.

I possess the following active license in good standing (choose one option below):

- | | |
|---|------------------------------|
| Certified Nurse Specialist (CNS)* | Medical Doctor (MD) |
| Licensed Vocational Nurse (LVN)* | Physician Assistant (PA) |
| Licensed Psychologist (PsyD or PhD) | Nurse Practitioner (NP) |
| Licensed Clinical Social Worker (LCSW) | Registered Nurse (RN)* |
| Licensed Marriage and Family Therapist (LMFT) | Pharmacist* |
| Licensed Professional Clinical Counselor (LPCC) | Psychiatric Technician (PT)* |
| Doctor of Osteopathy (DO) | Occupational Therapist (OT)* |

- Classifications with an asterisk* are exempt from PAVE and/or Medi-Cal Rx Enrollment

I certify that the following statement(s) are true (Choose the correct option)

PAVE

In my role, I will bill Medi-Cal for services rendered to clients. I understand that I must enroll in PAVE and submit evidence of enrollment to BHS.

I work in an administrative role, and I will **not** bill Medi-Cal for services rendered to clients. Therefore, PAVE enrollment is not required.

Medi-Cal Rx

As a prescriber of medications, I understand I must enroll, and provide BHS with evidence of enrollment in Medi-Cal Rx through Magellan to administer Medi-Cal Pharmacy benefits.

In my role as a medical staff, I will not prescribe medications to clients. Therefore, enrollment in Medi-Cal Rx is not required.

Printed Name: _____

Signature: _____ Date _____