**FRESNO COUNTY BEHAVIORAL HEALTH SYSTEM OF CARE**

APPLICATION FOR NON-CREDENTIALED STAFF

***NO clinical services are to be provided by this individual***

**Include a copy of a photo ID with the application**

**Approval of application is based on regulatory requirements being met.**

**Send the completed application:**

**Hand Deliver: Mail:**

**Fresno County Managed Care Credentialing Fresno County Managed Care Credentialing**

**1925 E. Dakota Avenue, M/S 271 P.O. Box 45003**

**Fresno, CA 93726 Fresno, CA 93718-9886**

**Email:** [**mcare@FresnoCountyCA.gov**](mailto:mcare@FresnoCountyCA.gov) **Fax: 559-455-4633**

**Managed Care Credentialing at 559-600-4645.**

**Submission Date:** Click or tap to enter a date

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| --- | --- | --- | --- |
| |  | | --- | | A– Organizational information | | Organization Name: | | Organization Address: | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| B – Applicant Information | | | | | | | | | |
| Name (As it appears on photo ID and NPI.): | | | | | | | | | DOB: |
| Practice Address (Must Match NPI): | | | | | | | Gender: | | |
| City, State, ZIP: | | | | | | | | | |
| Phone: | | | | E-Mail Address: | | | | | |
| Ethnicity: | Social Security No.: | | | | | Languages spoken fluently besides English: | | | |
| Previous (Full) Name(s) You’ve Worked Under: | | | | | |
| Degree or Educational Level: | | | | | Job Title: | | | | |
| C - National PROVIDER IDENTIFIER (npi) *– NPI practice address must match provider’s practice address.* | | | | | | | | | |
| NPI Number: | | | | | Taxonomy Number Choose an item. | | | | |
| D - CONTACT PERSON FOR THIS REQUEST | | | | | | | | | |
| Name: | | Phone #: | | | | | | Email: | |
|  | | |  | | |  | | | |