**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** **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:       |
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