## FRESNO COUNTY BEHAVIORAL HEALTH SYSTEM OF CARE

**CLINICAL TRAINEE CREDENTIALING APPLICATION**

## Section A - Academic Information

* Please answer all questions in all sections including your academic supervisor.

## Section B - Identifying Information

* Please provide the street address of the internship.
* All questions must be completed or marked as “N/A”; incomplete applications will be returned.
* The “Practice Address” is where you will be providing services and must match information on your NPI profile.
* Please list your personal and professional emails as we will contact you directly if corrections are needed.
* If there is insufficient room for any question, additional sheets may be attached. In the attachment, reference the question being answered.
* Pleaseprovide supervisor’s name, discipline and licensure/certification information.

## Section C - National Provider Identifier (NPI) & Taxonomy

* Provide your NPI number. This is required of all applicants, including students. Ensure that the practice address matches the “primary practice” or a “secondary practice” address as listed on the NPI form.
* Provide your taxonomy number.

**Section D – Supervising Provider Information**

* Provide the name and contact information of your professional supervisor(s) with whom we should contact.

## Section E - Employment/Work History

* List your current and all previous employment for the last 10 (ten) years. If you do not have ten years of work experience, please indicate that on the application.
* List your most recent employment first.
* The information in this section must match the information on your resume. Please do not indicate “see resume”.

## Section F - Professional Education

* List the current program you are enrolled in first.
* List any previous college experience and degrees obtained and all significant clinical educational experience after college.

## Section G - Professional Historical Data Attestation

* Please answer each question.

## Section H - Signature

* Please read the included statement before signing. Typed signatures will not be accepted. All applications needing corrections will require a new signed and dated Sections G and H.

## Please Provide Copies Of:

* 1. Government Issued Photo ID (Driver’s License, Identification Card, U.S. Passport, etc.).
	2. Academic Degrees and Current Transcripts
	3. Your current Curriculum Vitae or Resume. Also include supplemental information stating areas of cultural expertise, cultural training, and foreign languages spoken, read or written.
	4. Release of Information (Certification) form.
	5. Letter from the supervisor of your academic program and/or copy of agreement between school program and practicum site.

Please send the completed Application and additional forms listed above, via one of these methods:

***Hand Deliver: Mail:***

Fresno County Plan Administration Credentialing Fresno County Plan Administration Credentialing

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

Fresno, CA 93726 Fresno, CA 93718-9886

***Email:*** *DBHPACredentialing@fresnocountyca.gov*

***Fax:*** 559-455-4633

*If you have any questions regarding this application, please call Plan Administration Credentialing at 559-600-4645.*

**FRESNO COUNTY BEHAVIORAL HEALTH SYSTEM OF CARE**

Clinical Trainee Credentialing Application

**Submission Date:**

***Approval is based on regulatory requirements of*** [***Cal. Business and Professions Code 4980.43.10(c),*** ***4996.23, 4999.46.1; Cal. Medicaid State plan,******Section 3, Supplement 3 to Attachment 3.1-A; Cal. Code Regs., Title. 9, §1840.314(e) being met***](https://govt.westlaw.com/calregs/Document/IA7876A50D45211DEB97CF67CD0B99467?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=(sc.Default))***.***

Please complete all sections. Enter “N/A” if not applicable. Verify all elements of the application are included or it will not be processed. Please print or type information. **If the application needs updates during the credentialing process, a new dated signature attestation will be required.** ***Approval of credentialing is based on regulatory requirements being met. No services can be provided until applicant has been approved.***

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| A – ACADEMIC Information |
| School Name:  | Address:  |
| Program Name:  | Academic Supervisor’s Name & Discipline:  |
| **B - IDENTIFYING INFORMATION** |
| Name (Last, First, Middle):  | DOB:  |
| Practice Address (must match NPI address):  | Gender:  |
| City:  | State:  | ZIP:  |
| Phone:  | E-mail Address:  |
| Social Security Number:  | Ethnicity:  |
| Previous (Full) Name(s) You’ve Worked Under:  |
| Languages spoken fluently (besides English):  |
| Program Start Date: | Expected Graduation Date: |
| Degree or Educational Level Expected to be Obtained:  | Organization/Program Name:  |
| C - National PROVIDER IDENTIFIER (npi) *– Practice address must appear as primary or secondary on NPI profile.* **AND TAXONOMY NUMBER** |
| NPI NUMBER:  | TAXONOMY NUMBER: |
| **D – CREDENTIALED CLINICAL SUPERVISOR INFORMATION** |
| ***For all clinical trainees, please provide the name(s) and license(s) information of your supervisor(s) who will be providing on-site supervision.****Your supervisor must be a BHSOC credentialed provider and be able to supervise according to your licensing organization and must be providing on-site supervision while you are providing services.* |
| Name  | Type of Licensure, Licensing Organization and Expiration date | Supervisor’s NPI Number and Taxonomy |
|  |  |  |
| Name  | Type of Licensure, Licensing Organization and Expiration date | Supervisor’s NPI Number and Taxonomy |
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| **E - EMPLOYMENT/WORK HISTORY –** *Current and/or previous last 10 years (If work history does not go back 10 years, please indicate that you have completed your work history after last entry.)* |
| Organization | Dates From - To | Reason for Leaving | SupervisorName, Title, Phone No. |
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| **F - PROFESSIONAL EDUCATION** *– (add additional rows as needed)* |
| Institution | City/State | Type of Program | Graduation Year | Degree |
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| **G - PROFESSIONAL HISTORICAL DATA ATTESTATION** |
| You must answer all questions below. **If you answer “Yes” to any question, please provide a detailed explanation on a separate page.** The explanation should include dates, circumstances of the incident, resolution, current disposition, etc. |
|  **1** | [ ]  **Yes** [ ]  **No**  | Do you suffer from any physical or psychological illness, problem, injury or health condition that may limit, impair, or affect your ability to practice? |
|  **2** | [ ]  **Yes** [ ]  **No**  | To your knowledge, has any information pertaining to you ever been reported to the National Practitioner Data Bank? |
|  **3**  | [ ]  **Yes** [ ]  **No**  | Have you ever been denied membership or renewal thereof, or been subject to probation, reprimand, censure, sanction, under investigation or disciplined by any health care organization, including but not limited to: Fresno County or another county mental health plan*,* hospitals, health care facilities*,* HMOs, PPOs, independent practitioner associations, professional associations, groups or societies, ethics committee, state licensing boards, certification boards or examiners, professional standards review organization (PSRO), peer-review organization (PRO), or educational/training institution? |
|  **4** | [ ]  **Yes** [ ]  **No**  | Are you currently or have you ever been excluded, debarred, suspended or otherwise ineligible to participate in the Federal (Medicare & Medi-Cal) health care programs; i.e., are you considered an “ineligible person” for billing Federal health care programs? |
|  **5** | [ ]  **Yes** [ ]  **No**  | Have you been convicted of a criminal offense that will make you an “ineligible person,” but you are not yet excluded from participating in Federal health care programs? |
|  **6** | [ ]  **Yes** [ ]  **No**  | Have you ever been convicted, suspended, or assessed a civil penalty under the anti-fraud and abuse provision of the Medicare or Medicaid program? |
|  **7** | [ ]  **Yes** [ ]  **No**  | Are you currently under investigation by the Medicare and/or Medicaid programs? |
|  **8** | [ ]  **Yes** [ ]  **No**  | Have you completed Cultural Competency Training? (Evidence of CEU completion may be requested for auditing purposes by the Credentialing Committee) |
|  **9** | [ ]  **Yes** [ ]  **No**  | Have you ever been convicted of gross misconduct, a felony, or a crime of moral turpitude? |
| **10** | [ ]  **Yes** [ ]  **No**  | Are you presently using any illegal drugs? |
| **H- SIGNATURE** *– Please read this statement before signing:* |
| **My signature certifies that all the information on this Application, the Clinical Profile and any attached explanation page(s) is true, correct and complete.** Information provided on this application may be verified, including but not limited to, by contacting former employers. ***I understand and agree that any misstatements or omissions of material facts herein may cause forfeiture on my part of my right to participate as a provider with the Fresno County DMC-ODS & Mental Health Plan.*** |
| Signature: | Date: |

**FRESNO COUNTY BEHAVIORAL HEALTH SYSTEM OF CARE**

**RELEASE OF INFORMATION**

**CLINICAL TRAINEES**

**CERTIFICATION**

I, the undersigned, hereby attest that the information given in or attached to this Application is accurate and complete. I specifically authorize you and your authorized representatives to consult with any third party which may have information bearing on the subject matter addressed by this Application, and to inspect or obtain any reports, records, recommendations, or other documents or disclosures from third parties that may be material to the questions in the Application. I also specifically authorize any third party to release information to you and/or your authorized representatives upon request.

I hereby release you and/or your authorized representatives and any third parties, from any liability for any reports, records, recommendations, or other documents or disclosures involving me that are made, requested, or received by you and/or your authorized representatives to, from, or by third parties, including otherwise privileged or confidential information, made or given in good faith and relating to the subject matter addressed by this Application.

I warrant that I am authorized to sign this Application, on behalf of any entity or organization for which I am signing in a representative capacity. I understand that if this Application is accepted by the Fresno County DMC-ODS or Mental Health Plan, I will be bound by current State and Federal regulations.

**Your signature is required to complete this Application.**

**Stamped signatures are not acceptable.**

College or University Name:

Printed Name:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Fresno County is an equal opportunity, disabilities, affirmative action organization that does not discriminate in regard to race, color, religion, sex, national origin, age (40 or older), disability (physical or mental), medical condition, pregnancy, genetic information, ancestry, sexual orientation, marital status, veteran/military status, or any other basis protected by Federal or State law.*

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| **Explanation for “Crime of Moral Turpitude” from Question 13 of the Professional Historical Data Attestation** |
| **Crimes Against Property** |
| **Crimes involving moral turpitude**Fraud: Making false representation; Knowledge of such false representation by the perpetrator; Reliance on the false representation by the person defrauded; An intent to defraud; The actual act of committing fraudEvil Intent: Arson; Blackmail; Burglary; Embezzlement; Extortion; False pretenses; Forgery; Fraud; Larceny (grand or petty); Malicious destruction of property; Knowingly Receiving stolen goods; Robbery; Theft (when it involves the intention of permanent taking); Transporting stolen property (with guilty knowledge) |
| **Crimes not involving moral turpitude**Damaging private property (where intent to damage not required); Breaking and entering (requiring no specific or implicit intent to commit a crime involving moral turpitude); Passing bad checks (where intent to defraud not required); Possessing stolen property (if guilty knowledge is not essential); Joy riding (where the intention to take permanently not required); Juvenile delinquency; Trespassing |
| **Crimes Against Governmental Authority** |
| **Crimes involving moral turpitude**Bribery; Counterfeiting; Fraud against revenue or other government functions; Mail and wire fraud; Perjury; Harboring a fugitive from justice (with guilty knowledge); Tax evasion (willful) |
| **Crimes not involving moral turpitude**Black market violations; Breach of the peace; Carrying a concealed weapon; Desertion from the Armed Forces; Disorderly conduct; Drunk or reckless driving; Driving while license suspended or revoked; Driving without insurance; Drunkenness; Escape from prison; Failure to report for military induction; False statements (not amounting to perjury or involving fraud); Firearm violations; Gambling violations; Immigration violations; Liquor violations; Loan sharking; Lottery violations; Minor traffic violations; Operating a pirate radio or television station; Possessing burglar tools (without intent to commit burglary); Smuggling and customs violations (where intent to commit fraud is absent); Tax evasion (without intent to defraud); Vagrancy |
| **Crimes Against Person, Family Relationship and Sexual Morality** |
| **Crimes involving moral turpitude**Abandonment of a minor child (if willful and resulting in the destitution of the child); Adultery (see INA 101\*\* repealed by Public Law 97-116); Assault (this crime is broken down into several categories, which involve moral turpitude): Assault with intent to kill, commit rape, commit robbery or commit serious bodily harm / Assault with a dangerous or deadly weapon; Bigamy; Paternity fraud; Contributing to the delinquency of a minor (where sexual); Gross indecency; Incest (if the result of an improper sexual relationship); Kidnapping; Lewdness; Manslaughter: Voluntary / Involuntary (where the statute requires proof of recklessness, which is defined as the awareness and conscious disregard of a substantial and unjustified risk which constitutes a gross deviation from the standard that a reasonable person would observe in the situation. A conviction for the statutory offense of vehicular homicide or other involuntary manslaughter requires only a showing of negligence will not involve moral turpitude even if it appears the defendant in fact acted recklessly); Mayhem; Murder; Pandering; Prostitution; Rape (including "Statutory rape" by virtue of the victim's age) |
| **Crimes not involving moral turpitude**Assault (simple) (any assault, which does not require an evil intent or depraved motive, although it may involve the use of a weapon, which is neither dangerous nor deadly); Bastardy (the offense of begetting a bastard child); Creating or maintaining a nuisance (where knowledge that premises were used for prostitution is not necessary); Incest (when a result of a marital status prohibited by law); Involuntary manslaughter (when killing is not the result of recklessness); Libel; Failure to register as a sex offender[14]; Mailing an obscene letter; Mann Act violations (where coercion is not present); Riot; Sexual harassment; Suicide (attempted) |
| **Attempts, Aiding and Abetting, Accessories and Conspiracy** |
| **Crimes involving moral turpitude**An attempt to commit a crime deemed to involve moral turpitude; Aiding and abetting in the commission of a crime deemed to involve moral turpitude; Being an accessory (before or after the fact) in the commission of a crime deemed to involve moral turpitude; Taking part in a conspiracy (or attempting to take part in a conspiracy) to commit a crime involving moral turpitude where the attempted crime would itself constitute moral turpitude. |
| **Crimes not involving moral turpitude – N/A** |